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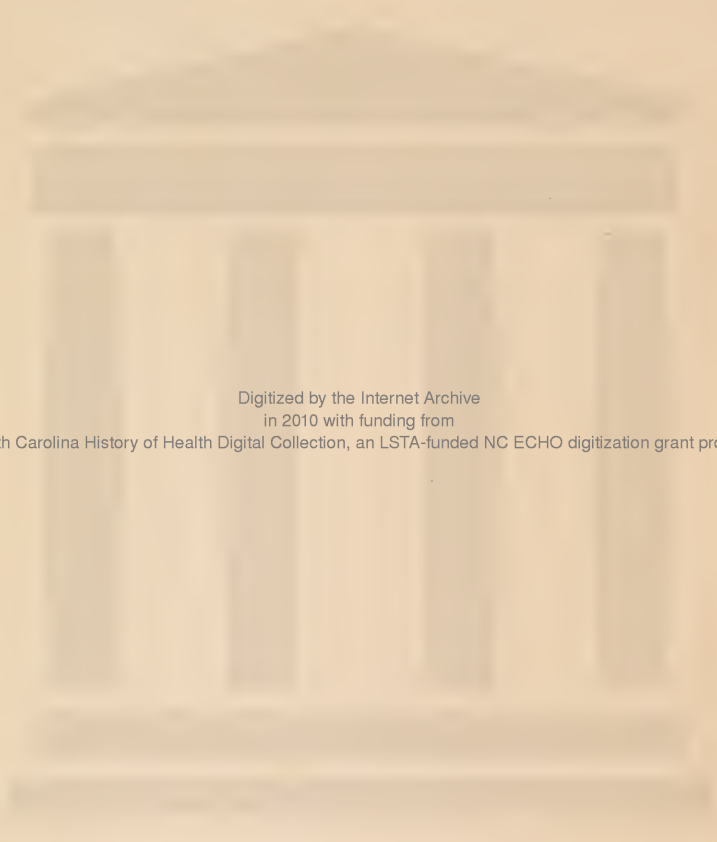


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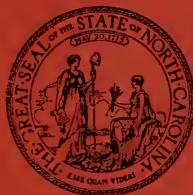
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THE
BULLETIN
OF
The North Carolina
Dental Society



CONTAINING THE
PROCEEDINGS
OF THE
SIXTY-FIRST ANNUAL MEETING
JUNE 17, 18, 19, 1935
BLOWING ROCK, NORTH CAROLINA

Vol. 19

AUGUST, 1935
RALEIGH, N. C.

No. 1

THE BULLETIN

....of....

THE NORTH CAROLINA DENTAL SOCIETY

CONTAINING THE

PROCEEDINGS

OF THE

SIXTY-FIRST ANNUAL MEETING

JUNE 17, 18, 19, 1935

BLOWING ROCK, N. C.

VOL. 19	AUGUST, 1935	No. 1
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DELEGATES TO A. D. A.

1. Wilbert Jackson, elected 1933
2. J. Martin Fleming, elected 1934
3. H. O. Lineberger, elected 1935

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PROCEEDINGS

OF THE

NORTH CAROLINA DENTAL SOCIETY

SIXTY-FIRST ANNUAL SESSION

MAYVIEW MANOR, BLOWING ROCK, NORTH CAROLINA,
MONDAY, TUESDAY AND WEDNESDAY, JUNE 17, 18, 19, 1935

FIRST DAY—MONDAY, JUNE 17, 1935

MORNING SESSION

The Convention was called to order at 10:00 o'clock a.m., by Dr. Linus M. Edwards, of Durham, President.

President Edwards:

The Sixty-first Annual Meeting of the North Carolina Dental Society will now come to order.

We will all stand while Rev. Buchanan, pastor of the Presbyterian Church, Blowing Rock, pronounces the invocation.

Rev. Sexton Buchanan:

Almighty God, our loving Heavenly Father and Father of our Lord and Saviour, Jesus Christ, we thank Thee for Thy blessings as they are poured down upon us from time to time. We thank Thee for this gathering of fine manhood here upon the mountain top and pray as they gather here they may receive a blessing and that they may go forth to serve mankind. We ask that Thy blessings may be through their conference and all may be well as they gather here in the mountains. Bless us, we pray Thee, in the name and for the sake of our Lord, Jesus Christ. Amen.

President Edwards:

At this time, we will have an Address of Welcome by Dr. C. G. Vardell, President Emeritus of Flora Macdonald College.

Dr. C. G. Vardell:

I am appearing here this morning in behalf of our Mayor. I guess he got cold feet from having had a little session with some of you some time, and came out a little the worse. It seems that everything has been done to me possible to think of, and I feel that I am immune. Therefore, I am here to tell you men that I am glad to be here myself because I am glad to see so many men glad to see each other. There is a good deal of meeting today between men who bear hatred, malice, and some men meeting who are desperately at sea as to what to do. There are numbers and numbers of unhappy meetings or unhappy men in these days, and I say that I am glad to be here because I realize how happy you men are to see each other. It is a great sight, men, to realize the friendship that evidently exists in your Society and it has done my heart good and I am glad to be here and I am glad you are here to make me personally have a comfortable feeling that there is a band of men who have a common fellowship and a common aim and a common helpfulness.

Now, on behalf of his Honor, the Mayor, I will say to you that he and all of us up here on the Rock are glad to see you because of this atmosphere of good-fellowship that you bring with you. We are sorry the roads have been inconvenient. I expect that some of you men have had a private seance with that head road-building man. He makes you go all around your elbow to get to this place. I think, however, that if any of you were here yesterday afternoon and along toward evening looked out across Grandfather at the sunset and looked down these beautiful valleys, you felt fully repaid for the trouble you encountered to get here.

Gentlemen, this is a beautiful place; it is a restful place. It is a place where you can look out over the mountains and realize that there is peace, good-will, and happiness in the world. I hope that you, who have to meet so many disagreeable things in the practice of your profession, often criticism, ever conscious that while you are doing a wonderful good, there is pain, will go out on the veranda this evening and watch the shadows as they creep up the valleys, as they creep up Grandfather, and look at the beautiful sunset over Grandfather. I feel sure that you will have a feeling of peace and happiness and deep satisfaction come over you. It is altogether different from the restlessness of the waves of the ocean; it is a quiet peacefulness. So, I hope that as all of you men go back to your work that some of this peace and calm and strength and confidence of the mountains will go with you.

You have here many distinguished men to speak for you—you men who mean so much to the moral, the spiritual, and the intellectual part of our citizenship. So often you have a chance to speak a wise word in a sure place, and we value your services in this State, and in the name of the Mayor I welcome you most heartily. We are glad to have you with us and whatever we can do to further your interest, call upon us and we will answer.

If it is possible, I hope that you will drive over the mountain road to Linville. I have walked it often. There is so much to see when you walk, and when you go in an automobile, you are so apt to miss it. If you will drive slowly, however, and look carefully there are many things that will come to your soul. You will see the beauty of the mountains, the glory of God's handiwork.

I thank you. (Applause.)

President Edwards:

I am sure we appreciate this very warm welcome from Dr. Varrell in this beautiful spot. I feel like we are all going to enjoy it. We are glad to be here.

I will ask Dr. Meredith to take the Chair.

Dr. L. J. Meredith, Wilmington:

We will now here the President's Address. Dr. Edwards.

THE PRESIDENT'S ADDRESS

Mr. President, Fellow Members of the North Carolina Dental Society, and Guests:

The sixty-first year of this organization is drawing to a close. During these six decades a most worthy State Dental Society has come into being, one of which we are all rightfully proud. Properly to place credit for this success, we would have to travel back and view the work and sacrifices of our pioneers. I am not going to take you back through all these years. However, I could not pass the opportunity of mentioning those who were the pillars and foundation of this organization, refer to their zeal, courage and integrity and to remind you of the opportunities and advantages it is our privilege to enjoy today through their efforts and loyalty. Dr. R. H. Jones, the last charter member of this society, was taken from us only recently, May 8, 1933. However, there are in your midst today, men old, only in years of service. These members travel annually to attending our meeting. They give of their time freely during the year when called upon to help solve the

many perplexing problems that constantly arise. It should be and no doubt is inspiring to the younger generation to watch these men enthusiastically working for a still greater upbuilding of a profession they love and honor.

Two years ago when you made me your President-elect, I was fully aware of your error in judgment, conscious of the fact that so many of our members could more fittingly fill this honorable position. Knowing my limitations as I did, caused me to give considerable thought and study to the personnel of the committees appointed, realizing that any success the past year's work and this meeting might assume, would be due largely to the other officers elected by you and the committees appointed by me.

In viewing the program, I believe you will agree that these units have worked diligently and wisely in bringing to you such a meeting as outlined.

It is with satisfaction that I take inventory of the constructive work done during the past year, even though the part played by your President was small. The accomplishments of the Legislative Committee deserves special recognition. At the Chapel Hill meeting, 1933, Dr. Wilbur Jackson in his address recommended that the Legislative Committee make a careful study of the dental laws then existing in North Carolina, with the view of strengthening the same. That the committee be empowered to employ such legal assistance as they might need to interpret correctly the law and assist in framing whatever bill, in their opinion, might be needed to make our law more effective. The wisdom of this became apparent when later, in the fall of 1934, the Supreme Court of North Carolina reversed the decision of the Buncombe County Superior Court, thus completely making ineffective that section of our law pertaining to advertising. During the recent session of the State Legislature our committee solicited the aid of members of our society all over the State to help gain the support of the representatives in the Legislature from the various counties. Especial influence was brought to bear upon members of the Legislative Health Committee which reported this bill. As a result of this combined effort, our law was ratified without a single amendment being offered, something unusual for our Legislature to do. In order to accomplish this, it was necessary to secure good legal service. Hours were spent both day and night in conferences, re-writing and redrafting this bill before it was presented to the Legislature. This necessitated the expenditure of a sizable sum of the society's funds. I believe we now have a law that will stand the test, regarding advertising as well as did the Oregon State

dental law which was recently upheld by the Supreme Court of the United States. This belief is based on the opinion of numerous members of the legal profession who have studied the text of the law. If this be true, then the cost of this legislation fades into insignificance when compared with the protection and benefits to the public, the ethical dentists of North Carolina today and those of the future. It was my privilege to spend some time recently in a few of the larger eastern cities, where advertising is rampant. In my associations with members of the dental profession in these cities, I was apprised of the appalling situation existing, as regards advertising. Without a law to protect against such chaos, it is entirely possible for North Carolina to some day be confronted with a like condition. We are indebted to each member of the society who had a part in bringing this revised law into being.

The Executive Committee has functioned in a most thorough and satisfactory manner. They have promptly attended to all routine work coming under their supervision and intelligently settled all matters brought to their attention from over the State. I would mention especially that through the North Carolina Emergency Relief Administration a uniform dental fee for all emergency relief dental service has been established. The State Board of Dental Examiners has had its problems and has worked untiringly to uphold the high standards of our profession in this State. The splendid and efficient work of our Secretary is in evidence on all sides. His duties have been heavy but he has been ever ready to tackle any task, no matter how large or small. I could make complimentary mention of each officer and committee that has had a part in the management of the affairs of the society during the past year. This is not necessary, as their individual reports will speak for themselves in the proceedings. My object here is to note the general session of this body, the harmony with which the managerial units of this organization operate. Of course, there is divided opinion at times, but the zealous desire of each individual to solve the questions to the best interest of the society at large, soon results in a happy solution of any problems. If mistakes are made, they are later rectified. With such harmony and unity of purpose, I predict, under the able leadership of our very competent in-coming President a most wonderful year of progress during his administration. Our goal should ever be set ahead. We should never be able to reach it. Nothing is so perfect that improvement cannot be made. A great good can be accomplished if we could secure a larger number of the ethical dentists as members of the State Society. The benefits thus derived would not only reflect

in our society but in the A. D. A. and the advancement of dentistry as a more learned and scientific profession. I would like to quote one paragraph from a letter received recently from Dr. F. M. Casto, President of the A. D. A. Quotation: "I need not mention the fact that we, in accepting our official positions, have assumed certain responsibilities to our respective societies. Therefore, it is our duty to do everything we can to fulfill our obligation. One of the most vital problems before us is to increase our membership to a point where our local, state and national organizations represent a larger proportion of ethical dentists. It is only by this means that the individual dentist, the profession as a whole, and the public at large can be protected against the encroachment on our rights by outside agencies." One hundred per cent organization is the best weapon with which to win any battle. And we still have battles ahead. We must strive for higher attainments in our specialty, for more recognition from allied professions and for better appreciation from the laity for the part dentistry is playing in bettering the health conditions of the individual and making this a better world in which to live.

We must fight against the possibility of Socialized and Panel dentistry. There will ever be battles to win and one crying need is for more soldiers in our ranks and thus fewer on the outside. We should give thought and study as to why more than 500 dentists in North Carolina are not on our roll. We should make membership so attractive that it would not be necessary to solicit their entrance. To accomplish this, we should ever promote the best fellowship with those not in the ranks, impress them by our bearing, demeanor and willingness to help the unfortunate, make our District and State meetings even more interesting than at present, promote study clubs and reduce annual dues to the State and District societies when feasible. We should be interested in raising the entrance requirements and curriculum of our dental schools to a point where those able to pass these requirements would be the type of men and women who would welcome the opportunity to become members of their colleagues' organization. To be privileged to attend such scientific meetings as are held in Washington under the auspices of The Five State Post Graduate Clinic should be a great inducement for all ethical dentists to join this State Society. The meetings promoted by that body are of the highest order, the programs among the best to be had. This clinic is self-supporting, calling for no dues from those attending. I consider North Carolina fortunate in being one of the states participating in these meetings.

It is customary at this time to recommend changes or additions to our set-up if occasion for such is in evidence. I have no major recommendations to make. I would, however, call attention to the fact that our Constitution and By-Laws were last catalogued in April, 1928. Since that time, several changes and additions thereto have been made. During this period it has been necessary to amend some of the amendments. Recently there have been other suggested changes in the wording of some of these. Therefore, I recommend that a committee be appointed to study these changes, make a report at a subsequent meeting of the House of Delegates, that these amendments with minor changes be readopted, the sections placed in their proper numerical order and, if possible, this work be completed during this annual meeting. I further suggest that the Editor Publisher be instructed to then catalogue our Constitution and By-Laws in exact wording and sections under which this society will operate after adjournment of this annual meeting. That they be published in pamphlet form and a copy be sent with the proceedings to each member in good standing. This will greatly facilitate the work of the officers during the year and be an easy source of information for all members. I would mention, also, that the number of our committees as appointed from year to year has grown top-heavy. At the time these special committees were appointed there was a definite occasion for their existence. Due to time and changing conditions there is no functioning necessity for some of them now. It is possibly bad education to continue to place men on committees, notify them of their appointment, and they find later they have no work to do. Subsequently, these same men may be placed on one of the very essential committees and their training having been poor, they are most likely to be indifferently active. From time to time there will be occasion for the appointment of other committees for work in a new field. Room for these should be made, by leaving off some of those now obsolete. Therefore, I suggest that through the proper channels the incoming administration be relieved of shouldering the full responsibility of abolishing these committees that have for the time being served their purpose.

At this time I wish to express my sincere thanks and gratitude to each and every one of the officers and committeemen for their splendid work and help during the past year, as well as to all members of the society for their loyalty and coöperative spirit. It will always be a cherished memory to know that through your generosity I have had the honor, even though undeserved, of serving as your President. As the sunset of this year draws near, I feel as

a man in his declining days, who looks back, reflects and reviews his life. He can see many errors and mistakes, many things he would do differently, many not done that he would do, many he would have left undone. Perhaps he can recall some little good and he is pleased. But the steps cannot be retraced. He cannot undo the errors of omission and commission. He can only offer his life as we are offering this year's work: as it is. I trust you will see the little good and be generous enough to overlook the bad. (Applause.)

Dr. Meredith:

I would like to appoint as a Committee to Report upon the President's Address Dr. I. R. Self, Dr. F. O. Alford, and Dr. Sam Bobbitt.

President Edwards:

We will now have the report of the Necrology Committee. I will recognize Dr. Phin Horton, Chairman of that Committee.

Dr. Phin E. Horton, Winston-Salem:

Mr. President, Members of the North Carolina Dental Society, friends:

In these complex times in which we live, when the manners, methods and materials of yesterday are thrown into the discard of today, there is one thing that remains *unchanged*—and I hope *unchangeable*—the honor and respect we owe and give our dead.

In pausing, with bowed heads, for a little while, in memory of those who have passed on, we keep unbroken a custom in which we do homage not only to the dead, but also to ourselves, for we show that we appreciate the efforts and sacrifices and contributions made to our profession by those who are gone, and that we hold precious the memory of their fellowship and the sweetness of their friendship.

Our profession, our society, our fraternity, all are a heritage from those who, with high ideals and noble purpose, struggled to pass on to us something we could cherish, and I ask you today to hold this hour sacred, not only to the memory of those who have died *this year*, but also to that great group of loyal men who served so valiantly and so well, who have died *in other years*.

I will ask Dr. Fitzgerald to say something of the life and character of Dr. Young, who practiced in Snow Hill.

Dr. Paul Fitzgerald, Greenville:

DR. W. D. YOUNG

AUGUST 24, 1883—MARCH 12, 1935

Dr. W. D. Young died in Snow Hill, North Carolina, March 12, 1935, of angina pectoris.

Dr. Young was born in Johnston County, North Carolina, August 24, 1883. His parents were J. J. and Mary S. Young. He received his early training in private schools and the Clayton High School.

At the age of twenty-four he entered Atlanta Dental College, graduating in 1910. After graduation he located in Snow Hill and immediately became a part of the community life.

He was a life-long member of the Presbyterian Church and was an elder in this church at the time of his death. He was a member of the Masonic Order and had been for years a Shriner.

The writer knew Dr. Young before his graduation and throughout the years of his practice enjoyed the privilege of his friendship. He was a fine type of gentleman, and as a dentist he was a success. Any man who goes into a community and for a quarter of a century holds and retains the respect, the confidence, and the love of the people has been a success. Dr. Young did this, and since his going the membership of his church has dedicated a bell to his memory.

Our profession suffers a loss in the passing of this member, for he was constant in his ideals and maintained a high standard of living, with a splendid conception of life's work.

But, "the storm is over now. The stars are out and the night wind is fresh and sweet."

Dr. Phin E. Horton:

We have had one other death in our fraternity during the past year, that of Dr. Gaither of Boone, whose untimely death occurred not so long ago. I have asked his contemporary, Dr. J. F. Reece, of Lenoir, to say something regarding this departed member.

Dr. J. F. Reece, Lenoir:

DR. JOE M. GAITHER, BOONE, N. C.

APRIL 8, 1900—OCTOBER 27, 1934

Dr. Joe M. Gaither was born in North Wilkesboro, N. C., April 8, 1900. His death occurred October 27, 1934, in Boone, N. C., where he practiced his profession.

Dr. Gaither was married June 1, 1928, to Miss Sara Bagley, of Newman, Ga. To this couple were born two children—Joe Gaither III., age three, and Henry Bagley, age 7 months.

After graduating from the public schools of North Wilkesboro, he entered Georgia Tech, preparatory to his training for the dental profession. In 1921 he entered as a student the Atlanta Southern Dental College, and was graduated from that institution in 1926. After taking

the North Carolina Dental Board, he located in Boone and practiced there until his death.

Dr. Gaither was highly skilled in his profession, was a member of the District, State, and National Societies. But for his untimely death, he would have undoubtedly been one of the leaders in the profession within a short time. Joe, as he was known by most of us, carried with him throughout life a genial smile and a hearty handshake for his fellow-man, making true and lasting friends with all whom he contacted. In memory he stands today loved alike by his brethren and laymen.

Dr. Gaither took an active part in fraternal and religious organizations, was a member of Delta Sigma Delta in college and continued with the National Organization after graduation. He was a member of the Masonic Fraternity at the time of death, was past president of local Civitan Club, was a member of American Legion, member of Board of Stewards of First Methodist Church.

He is survived by his parents, Mr. and Mrs. Joe M. Gaither, North Wilkesboro, his widow, and two children.

The words of James Whitcombe Riley express our feelings:

AWAY

I cannot say, and will not say
That he is dead—he is just away!
With a cheery smile, and a wave of the hand,
He has wandered into an unknown land,
And left us dreaming how very fair
It needs must be, since he lingers there.

And you—O you, who the wildest yearn
For the old-time step and the glad return,
Think of him faring on, as dear
In the love of There as the love of Here;
Think of him still as the same, I say:
He is not dead—he is just away.

Dr. Phin E. Horton:

I will ask you to all stand in honor of those who have passed, while we bow our heads in silent prayer, indicative of the submission to the will of Him who doeth all things well. (Standing.) Amen.

Mr. President, that concludes the report.

President Edwards:

Thank you, Dr. Horton. We will now have a report from Dr. Bear, the man we all know and who needs no introduction, as he is one of us. Dr. Bear. (Applause.)

SOME VITAL PROBLEMS AFFECTING THE DENTAL PROFESSION

HARRY BEAR, D.D.S., F.A.C.D., Richmond, Virginia

It was my pleasure two years ago as trustee of the American Dental Association to address this Society on the activities of the national organization. It is again my privilege to discuss with you some of the affairs affecting the dental profession which are of general interest.

DENTAL EDUCATION

You are quite familiar with the early history of dentistry as an organized profession and it is unnecessary for me to dwell upon that subject.¹ There are many problems which we now face, however, and these are of mutual concern. Dental education is the foundation and should form the basis of any general discussion. The number of dental colleges in this country reached its maximum in 1900 with a total of 57 schools, while at present there are but 39 schools. Of this number, 21 colleges operate on the 1-4 plan, which is one year of pre-dental work and four years in dentistry; 6 on the 2-3 plan; 11 on the 2-4 plan; and 1 on the 3-4 plan. At a meeting of the American Association of Dental Schools in March, 1935, a resolution was adopted urging the uniformity of requirements for all schools, beginning in September, 1937, to two years of preprofessional work and four years in dentistry.

The number of students in dental colleges reached its maximum for the session 1922-23 with a total attendance of 13,099, while there were enrolled in all the schools of the United States for the session 1934-35 only 7,217 students. The number of graduates reached its maximum in 1924, with a total of 3,422, whereas there were only 1,864 graduates in 1934.

It is significant to observe in this connection that while the number of dental students and graduates has steadily decreased since 1923, the number of students in academic colleges increased 95% between 1910 and 1920. By 1930 there was an additional increase over the previous decade of 121%. In the ten years between 1920 and 1930 there was a gain of 97% in the number of students studying law; theology, 80%; engineering, 44%; mining engineering, a decrease of 52%; architectural engineering, an increase of 296%; pharmacy, 116%; and medicine, 54%. Schools of dentistry are conspicuous among professional schools in that they have shown a marked decrease in attendance.

These questions are discussed at length in a well-prepared paper by Dr. William J. Gies on the subject: "Is the Influx of New Graduates Commensurate with the Demand for Dental Service, or Should the Educational Requirements Be Altered?"² A sharp distinction is made in the "actual demand" for dental service and the "exhibited demand." We recognize that a large amount of dental service is needed by the majority of the people, but they do not seek this necessary health service for various reasons.

¹Bear, Harry: "Some Trends in Dental Education and Organized Dentistry," Bulletin, Virginia State Dental Association, October, 1934.

²Gies, William J.: "Is the Influx of New Graduates Commensurate with the Demand for Dental Service, or Should the Educational Requirements be Altered?" Journal, American Dental Association, Vol XVII, April, 1931.

DENTAL SERVICES

Why do not more people receive dental attention? According to the report of the Committee on the Costs of Medical Care, for every dollar spent for medical service in 1929, only 12.2 cents of this amount was spent for dental care. It was reported for the same year that the total expenditures for medical care in the United States was \$3,656,000,000. Of this amount, the dentists in private practice received \$445,000,000. It is questionable whether this is due to fear or for economic reasons, or both. Thanks to modern and scientific dentistry, fear can be dispelled, because anesthesia in the practice of dentistry is developed to a very high degree, and because of the improvements in instruments and the refinement of technique. If economics were the only factor causing neglect, why is it that so many people, who need dental service and can well afford it, do not obtain it? A lack of the proper conception of esthetics and a lack of an equitable evaluation of the function of the mouth and teeth may be important underlying causes. The public should be taught to appreciate the beauty and health value of a good set of teeth, and they should know the deformity of its opposite.

It must be recalled that the rising cost of medical service, in its broadest sense, was what prompted the formation of the Committee on the Costs of Medical Care in 1927. At the time of the publication of this final report in 1932 we were in a different economic status. In more recent times things have changed so fast that we must stop frequently and see if we are in or out of step.

In considering these phases of the profession we record the fact that in 1870 there were 7,839 dentists in the United States, or about one dentist to every 5,000 people at that time. In 1933 there were 65,000 dentists, or about one dentist to 1,800 inhabitants. This is indeed a splendid showing in that it gives evidence of the appreciation by the public of the importance and necessity of dental service. In spite of this, however, it seems that only about 20% of the people take care of their teeth, if we judge by government reports and clinical findings. This fact is further confirmed by the findings of the Committee on the Costs of Medical Care published in 1932. Other statistics also show that in 1931, about 10,000,000 tooth brushes were imported into this country and that about 40,000,000 more were manufactured here, making a total of 50,000,000. It is estimated that the users of tooth brushes would buy at least two brushes each a year, which means that only 25,000,000 people were provided with this one elemental phase of dental care. What of the other 95,000,000 inhabitants of the United States?

SOCIAL TENDENCIES

In a recent talk before the Virginia Conference of Social Work I said that in the present changing social order it is apparent that what is true in other fields applies also to the profession of dentistry, viz., there is plenty of food and people are hungry; there is plenty of wearing apparel and other commodities, and people are in want.³ There are many dentists who are available to render adequate dental services, and there are many people who need this attention but who do not obtain

³Bear, Harry: "The Facilities Required for a Program of Public Dental Services," read at Virginia Conference of Social Work, April 12, 1935.

it. There are apparently a sufficient number of dentists to take care of the actual demand for dental services. There would be a shortage, however, if an effort were made to treat all who need dental attention. There is quite a difference between the present *demand* and the *need* for dental services.

It seems an almost insurmountable task to attempt to meet the requirements of all the people who need dental care. It is natural to assume that it is the responsibility of the community, state, or federal agency, as the case may be, to provide food, clothing and shelter for the indigent of all ages because this is a social problem and is of concern to society. If this assumption is true and dental care is considered a necessity, then the same agencies should provide for dental services in the general program.

In recommending a program at this conference I said that dental services, in varying degrees, should be incorporated in every program of health, and that financial provision be made for this essential, just as it is made for the other necessary commodities.

The subject of "socialized dentistry" in one form or another is one which is now attracting considerable attention in the American dental profession. This phase of dentistry has been in existence in Germany for about fifty years and in most European countries for approximately twenty years. Its influence has been widespread and the matter is now of vital concern to our profession. Various forms of unemployment or sickness insurance have already been considered by the legislatures of a number of states. It seems that there is a definite trend to provide medical care, which includes dental care, for the indigent by the government, just as food and shelter are provided. The next thought is to provide proper medical care for those in the low income group. Such foundations as the Milbank Memorial Fund are definitely committed to the purpose of financing a program with this objective in view. The experiences of the countries abroad teach us that we must, as a profession, be prepared in this emergency and recognize our obligation. The professions should be sufficiently informed on these matters to participate in any proposed changes, lest the non-professional groups take entire charge of passing laws and then administering them. This has been the experience in some European countries, and the results have been very unsatisfactory.

COMMITTEE ON ECONOMICS

In order to keep well informed on this important subject, the American Dental Association has a special Committee on Economics, which is working with a similar committee of the American Medical Association and with the officials at Washington in the hope of establishing some general plan of medical service which shall be of mutual benefit. While there are some states which are already operating under this program, there is still some confusion and a lack of uniformity. As you know, the Board of Trustees of the American Dental Association is on record as being opposed to any form of compulsory health insurance. This view has been supported by a number of dental societies as expressed in resolutions which they have adopted.

AMERICAN DENTAL ASSOCIATION

As the parent organization, the American Dental Association, through its officials, is making a determined effort to represent the composite views of its constituent societies. Its resources are available in the interests of organized dentistry. You are already familiar with the part the Association played in the now famous case of the Oregon dental law. The dentists of the State of Oregon had already spent several thousand dollars in litigation in their own state and it required several thousand dollars more to carry the case to the United States Supreme Court. All the states were asked to contribute to a fund for this purpose and I am happy to report that North Carolina was among the first to help in this cause. You know the result, which is a tremendous victory for organized dentistry in that flagrant advertising by members of the profession is outlawed.

In order to maintain the effectiveness of the American Dental Association and to increase the usefulness to the state societies it is necessary to bring within the fold of organized dentistry all potential ethical dentists. Dr. Frank M. Casto, president of the American Dental Association, has adopted the slogan, "45,000 members in 1935." To reach this goal every state must do its part. The quota for North Carolina is 44 new members. I am sure that you will obtain this number before the meeting of the American Dental Association in New Orleans in November. It is gratifying to report that seven states have already exceeded their quota.

In this connection I want to congratulate your society on the splendid Bulletin which you are publishing and to commend the editor, Dr. Fred Hale, for its excellent composition. We are particularly grateful for the space in your Bulletin given to the activities of the American Dental Association.

There are many phases of socio-economic legislation with which we, as members of the dental profession, will be confronted. As members of the community we will be involved in all these changes as they affect social security in general. Old-age pensions, unemployment insurance, and many other features will likely be enacted before funds may be found available for any general health program which would involve dentistry. It is incumbent upon the dentists to be alert to the ever-changing economic order and to be prepared to assist in working out a program which shall be mutually satisfactory in protecting the rights of the public and in safeguarding the interests of the profession.

Since the preparation of my formal talk, several changes have taken place. I am in receipt of a letter from President Casto in which he extends very cordial greetings and wishes success to this meeting. It also carries permission to discuss one other phase with you which I thought would have to be kept in confidence.

Last year and year before I discussed with you the many activities of the A. D. A. with which you are more or less familiar. I do feel it is necessary to again remind you of the extensive efforts of the Bureau of Public Relations. This department is working in close coöperation with the Economics Department and we ask you to use the Department of Public Relations. They have available full reprints of all phases of

mouth hygiene and all public acts. The facilities of that office are at your disposal.

There is no need for me to discuss the Council on Dental Therapeutics. You have on the program Dr. Gordon, who is Secretary of the Council, and I am sure he will discuss the details of the splendid accomplishments of that particular Bureau.

I would like to mention the fact that the National Board of Dental Examiners is functioning effectively now, and that there are ten states that have permitted by their laws or resolutions the recognition of certificates from the National Board of Examiners.

As you know, there are thirteen members of the Board of Trustees. I am just completing my three-year term of office and I want to say for the members of the Board that they are an earnest, hard-working group of men, as can be testified by Dr. Foster, who served many years representing this District and whom I succeeded in office. That Board had a meeting in February and engaged a group of efficiency experts to survey the activities of the A. D. A. to determine if economies could be effected in certain departments, but more particularly to determine where the central office may exert its greatest influence and benefit the membership at large most. That report will probably be made at the New Orleans meeting.

A special meeting was held by this Board just two weeks ago and eleven of the thirteen men were present. Many matters of importance were considered at this meeting.

One other thing considered at this special meeting: What are the professions of medicine and dentistry doing to work out a program for the care of the low-income group? After reviewing plans in operation in several sections of the country, the Board looked with favor upon the plan which has worked very successfully in the District of Columbia. Dr. Crane can probably enlighten you on that subject. Those interested can write the Medical-Dental Service Bureau for the outline of the plan. It has worked successfully and the A. D. A. Board of Trustees suggests to you the consideration of that plan for working out a new program for your communities.

I want to thank you for this opportunity of meeting with you. (Applause.)

President Edwards:

We want to thank you, Dr. Bear, for your very interesting report.

I will recognize Dr. H. O. Lineberger to introduce our next two speakers.

Dr. H. O. Lineberger, Raleigh:

Mr. President, Members of the North Carolina Dental Society: I wish first to take this opportunity, not being a member of the Program Committee myself, to express my appreciation to the members of that Committee for the splendid program which they

have arranged for this convention. As you know, the North Carolina Dental Society has for many years been bringing to North Carolina some of the best men in our profession. The program this year is in keeping with the policy of this Society. Those of you who attended the Dental Clinic in Washington, D. C., a year ago recall, I am sure, the splendid program, and the clinic put on by Drs. Crane and Kaplan. Dr. Crane has visited our Society once before, I believe at Charlotte, and we are very happy to have him. We are also glad to have with him his co-worker, Dr. Kaplan, and it is my privilege to present at this time Dr. Arthur B. Crane and Dr. Harry Kaplan, of the City of Washington, D. C. (Applause.)

PYORRHEA ALVEOLARIS

By ARTHUR B. CRANE, D.D.S., and HARRY KAPLAN, D.D.S.,

Washington, D. C.

Dr. Crane:

I have a very pleasant memory of appearing before your Society a few years ago. When you get to be my age, each year represents such a small fraction of your experience that time passes faster than you think. I do not remember the year, but it was when you met at Charlotte, and I had a very pleasant association with you. When I received the invitation to come before you again, I felt very much inclined to do so. Since your good member, Nat Maddux, invited us down to spend Sunday in Asheville, and drove us over, and since staying here, I would like to say that if any one needs an assistant and will give me twenty-five or thirty dollars a week, he can see me after the meeting. (Laughter.)

We are going to talk to you about pyorrhea alveolaris. We are going to try to make our talk just as broad and as thorough as we know how.

A little bit over five years ago, Dr. Kaplan, who was in the same building with me at that time, and I, were doing surgical operations for the elimination of pyorrhea. We got to talking with each other about it one day and he invited me in to see him operate. I saw I was not doing what he was doing. I invited him in to see me operate. He saw he was not doing what I was doing. We decided we would get together and see if we could not work out some operative procedure which would be more conservative and more effective and be upon a more scientific ground than any of the surgical operations which up to that time had been placed before the Dental Profession. We thought everything there was to know about the etiology, the progressive clinical symptoms, the pathology, and the radiographic aspect of pyorrhea was known. We thought all we had to do was to go ahead and figure out the mechanics of a better operation. When we began to hunt through literature and go back and refer to the textbooks, we were very much surprised to find out there had been very little real scientific work done on the subject of pyorrhea. Most of the conclusions that were arrived at—and some of them very dogmatically stated—were based simply on the

writer's clinical conception of what he saw in the mouth, and most of us know that the clinical aspect of the thing in Dentistry is very deceptive. We started right at the beginning and made up our minds to try to find out something about pyorrhea.

There is no such thing in the world as simple cause and effect. The minute you go back into what you consider a cause, you find that that cause is really an effect. So, in dental research, you will find you run into branching lines of causes, and when you try to investigate these causes, you find you can never reach the beginning. You can readily see how you can spend a whole life time of research on one subject. So many factors enter into it that you can not attribute pyorrhea to failing to keep the teeth clean or to lack of the proper food or to any other single factor. You may have half a dozen other factors. This chart (slide) may give you an idea of how far along various lines you may have to travel in your research. To make it a little simpler, I am going to give you a general definition of what constitutes pyorrhea and its etiology. Pyorrhea is not a disease of the teeth, but is a disease of the supporting structures of the teeth and so as a general definition, we will say: Pyorrhea is a slowly progressive destruction of the supporting structures of the teeth. And in general it is caused by anything which may produce long and continued mild irritations of the gingival margins.

There may be a lot of men in this room who are irritated because I have referred to the disease as pyorrhea alveolaris. I do not suppose there is any disease known to mankind by as many names. We selected the name of pyorrhea alveolaris to use in our work, because no matter what type of gingival disease is first manifest, the ultimate stage of all is pyorrhea alveolaris. All diseases of the supporting structures of the teeth, when they come to their final stages, are characterized by pus flowing from the alveoli. So, if you become irritated by the term pyorrhea alveolaris, just substitute your own. We may call it interstitial gingivitis, Riggs disease, Fauchard's disease, chronic septic sordes, but when we refer to pyorrhea alveolaris, I think that gives us the desired latitude. Whenever we say pyorrhea alveolaris, just think of your own term. If you don't like that, you can use a term which was presented about a year or two ago,—perirhizodontitis. That ought to make money for you, if you can remember it to tell your patients. (Laughter.)

Pyorrhea alveolaris is doubtless one of the oldest of known diseases, because prehistoric man was subject to it.

The jaws of the Neanderthal man, the Heidleberg man, and the Rhodesian man show evidence of pyorrhea destruction.

(Slide.) This slide shows the jaws of one of the great apes, and you can see the extent to which he suffered with pyorrhea alveolaris.

(Slide.) This slide shows the jaw of the Heidleberg man—the replica of which is in the National Museum in Washington—and you can see the great extent of destruction of the alveolar bone. The alveolar ridge, both labially and lingually, has been greatly destroyed.

(Slide.) This is an X-ray picture which was taken a short time ago of a child ten years of age, and shows an extensive destruction of the interproximal bone. This patient had a readily diagnosable pyorrhea alveolaris. So, chronologically, we can see from the days of the early

primates, down through history, mankind has suffered from pyorrhea alveolaris.

Perhaps you have been convinced that diet, or one thing or another, is the cause of pyorrhea alveolaris. Just think of the variations in diet that have existed and have been made through the years from prehistoric times down to the present day, and you will not be quite so sure that you are right. Not only is pyorrhea chronologically consistent in its incidence, but geographically pyorrhea is apparently no respecter of races. However, there are certain races or certain geographical locations, in which pyorrhea runs rampant. There are two geographical locations where it is practically unknown. You are all familiar with the reports that have been made upon the teeth of the Eskimos before they reached the stage of living on the white man's canned foods. The Eskimos really used their teeth. They would take frozen hides, leather, walrus skins and chew those, not to get nourishment as some people believe, but to soften the leather so they could make it into wearing apparel. The Eskimos, by the time they reach middle life, have flat, occlusal surfaces, entirely worn off. But they do not have pyorrhea. Yet they do not get any Vitamin D from the sun, nor any citrous fruits. On the other hand the early Incas were ravished by pyorrhea, although they lived in tropical climates and had all the variety of tropical foods they wanted. In the pre-Columbian days in America, the agriculturists who had all the green, fresh food that they wanted were largely subject to pyorrhea while the hunting races, who lived on meat principally, had a relative freedom from pyorrhea. The native South African Negro who gets plenty of sunshine and plenty of fresh, green food, has not only perfect teeth from the standpoint of occlusion, but seldom has pyorrhea. You gentlemen in the South, in your clinics, come in contact with many Negroes. If they are still pure-blooded Africans, you will find they have wonderful gums and wonderful teeth, and that shows that there is apparently a geographical factor. That was brought out quite recently in a paper based on a research in the Philippine Islands. You probably all read in your *Journal of the American Dental Association*, where eating of the sweet potato had something to do with prevention of caries. The public does not yet know that. I presume the potato growers have not yet employed any high-powered advertising agency to bring the fact to the attention of the American public. (Laughter.)

Dr. Crane:

DENTAL ANATOMY

(This paper was written with the coöperation of Dr. Edmond J. Bottazzi, of Washington, D. C.)

A study of the gross anatomy of the crowns of teeth indicates a beautiful provision on the part of nature to protect the marginal gingivæ from excessive traumatism during mastication. Teeth were so formed and arranged as to withstand the stresses of violent use in the mastication of tough and fibrous foods, long before the invention of the knife and fork.

Man's food is both animal and vegetable, and his teeth are so formed as to enable him to readily masticate either kind. They are formed for

cutting, tearing, and comminuting many kinds of food. The incisors, situated anteriorly, have edges for cutting; the cuspids and bicuspid, at the angles of the mouth, have fairly sharp, though not very long, points or cusps, suited for tearing; while the molars, situated in the posterior part of the mouth, have broad, tuberculated surfaces, which serve well to grind or comminute the more solid masses. The forms of the teeth of man, thus indicate a design that his food should be taken in rather small masses, in order to be thoroughly masticated.

A thorough study of the design of the teeth clearly demonstrates nature's effort toward the health, protection, and preservation of the underlying, surrounding or investing tissues of the teeth.

Normal arch form is generally recognized to consist of a regular, even arrangement of the teeth. The upper teeth are arranged in the form of a semi-ellipse, the long axis passing between the central incisors. In this curve the cuspids stand a little prominent, giving a fullness to the corners of the mouth. The incisors are arranged with their cutting edges forming a continuous curved line from cuspid to cuspid, and this line is continued over the cusps of the cuspids and the buccal cusps of the bicuspid and molars, to the distal surfaces of the third molars. From the first bicuspid to the third molar the lingual cusps of these teeth form a second line of elevations. Between these two, the lingual and buccal cusps, there is a continuous, but irregular, valley or sulcus. The lower teeth are arranged similarly, but on a slightly smaller curve. Therefore, in occlusion, the upper teeth project a little to the labial and buccal of the lowers at all points of the arch. In abnormal occlusions the lower incisors may miss the uppers or even strike the gums posterior to them, or they may occlude anterior to the upper incisors, which results in a prognathism. In either of these types the anterior teeth fail to receive the necessary impact for the stimulation of the supporting tissues. When such cases are seen early, they should be referred to the orthodontist because such teeth will almost invariably develop pyorrhea alveolaris later in life unless the condition is corrected. The posterior teeth are so arranged that the lingual cusps of the upper teeth fit with more or less accuracy, into the general sulcus formed between the buccal and lingual cusps of the lower teeth. The buccal row of cusps of the lower teeth, in a similar way, are fitted into the sulcus formed between the buccal and lingual cusps of the upper teeth. This brings the occlusal surfaces of the teeth in the best form of apposition for the purpose of mastication.

The position of individual teeth in the arch has a definite influence in predetermining the subsequent health of the supporting structures about them. Teeth which are inclined too far labially, lingually or buccally from the axial line, expose the free margins of the gingivæ to undue stresses, thus inviting continuous traumatisms.

The individual tooth forms have been designed by nature to afford proper excursion and deflection of food from the marginal gingivæ during the process of mastication. This shearing effect is facilitated by the various contours of the various surfaces of the teeth, together with the contact points. In the anterior teeth, the labial surfaces present a convexity inciso-gingivally, which is more marked at the gingival third. The lingual surfaces of these same teeth present cinguli or linguo-gingival ridges, whose function it is to deflect food so as not

to endanger the free margins of the gingivæ on the lingual aspects. In the bicuspid and molars we find a general, central inclination of the buccal and lingual surfaces, which results in a constriction of the immediate occlusal surface to approximately 57% to 60% of the greatest diameter bucco-lingually. The greatest diameter, bucco-lingually, due to the prominence of the bucco-gingival ridges in the lower teeth and the marked convexity of the lingual surfaces of the upper teeth, is found to be at the junction of the gingival third with the middle third. In the upper bicuspid and molars, the buccal surfaces present only a slight axial convexity, while the lingual aspects have a decided central inclination with a marked convexity at about the middle third. In the lower bicuspid and molars, the lingual surfaces present only a slight axial convexity, while the buccal surfaces present marked convexities or pronounced gingival ridges. The reason the protruberance of enamel toward the gingiva is on the lingual of the upper teeth and on the buccal of the lower teeth, can readily be understood when it is recalled that the lingual cusps of the upper bicuspid and molars occlude in the valley formed by the buccal and lingual cusps of the lower teeth; therefore, during mastication the food is sheared to the buccal in the lowers and toward the lingual in the uppers, where it becomes deflected by the bumper action of the gingival ridges. Developmental grooves passing over the buccal and lingual marginal ridges also play an important part in starting the food on its journey toward the gingival ridges. In addition to this, the upper molar teeth, particularly the first molars, when very broad, present rudimentary cusps which facilitate the excursion of food. The mesial and distal marginal ridges also are provided with sluice-ways so as to force the food past the rounded contact. Were it not for these, there would be a greater tendency toward wedging, with subsequent damage to the interproximate gum septum. When the axial arrangement of the teeth is such that the marked convexities and gingival ridges are much out of position, the efficiency of these anatomical landmarks are materially decreased or entirely lost.

Another factor of vital importance to the septal gingiva is the contact point. The proximate contact of teeth is such as would be made by the contact of two marbles, or at a single small point. This point of contact should be normally tight, and the interproximate embrasures leading buccally and lingually should widen outward in the form of a V. The form of these interproximate embrasures is important with reference to cleanliness of the interproximate space. The interproximate space is a V-shaped space bounded by the proximate surfaces of adjoining teeth, and the border of the septum of the alveolar process between their necks. Normally this space is filled with gum tissue. All the teeth are a little broader mesio-distally at or near the occlusal surfaces than at their necks. Therefore, when arranged in the arch with their proximate surfaces in contact, there is a considerable space between their necks. The sharp angle or apex of the V-form is toward the occlusal surface, or at the contact-point of the proximation, and the open end or base is at the crest of the alveolar process. On account of differences in the conformation of the crowns and the inclination of the teeth, the interproximate spaces vary much in width in different dentures. They are much wider between bell-crowned teeth than

between thick-necked teeth; but some interproximate space exists in every normal denture. Generally the interproximate space is wide between the necks of the central incisors, and less so between the necks of the centrals and laterals, and laterals and cuspids. Between the bicuspids, the interproximate spaces are wider at the necks of the teeth than between the anterior teeth, on account of the greater breadth of the crowns as compared with the roots. The widest interproximate spaces are usually between the necks of the molar teeth.

In addition to the form of the contact point the position of the contact point, which determines the extent of the labial, buccal and lingual embrasures is an essential factor. The lingual embrasures are generally much deeper than the buccal between the posterior teeth, while the labial embrasures are deeper than the lingual between the anterior teeth. In best formed arches, the contact points are near the occlusal surfaces and not at the immediate occlusal margin, so that in reality an occlusal embrasure exists. This shows that the contact points in the posterior teeth are near the occlusal surface and assume a buccal position, or to be exact, make contact where the buccal one-third joins the lingual two-thirds of the proximating surfaces. However, there is a tendency even in the best formed arches, for the contact point between the first, second, and third molars, to be either centrally located or removed slightly to the lingual of the center of these surfaces. In the anterior teeth, the contact is near the incisal edges, and more to the lingual of the centers of the proximal sides.

In the best formed dentures the form and position of the proximate contact is such as to prevent food from being crowded between the teeth in mastication; and therefore, such as to keep these spaces clean and the interproximate gingivæ in health. But many faulty forms are met with, which allow food to leak through into the interproximate space and crowd the gum away, forming a pocket for the lodgement of debris, giving opportunity for decomposition, and resulting in caries of the proximate surfaces or disease of the gum and peridental membrane.

These points of proximate contact also slide slightly upon each other in the act of chewing food, the peridental membrane permitting individual tooth movement. In many individuals of middle or advanced age, the points of proximate contact become much worn and flattened by rubbing against each other. From this cause they often become so broad as to hold food material firmly between them, which is gradually forced against the gum septum, causing irritation, and forming a pocket, thus giving rise to serious difficulties. In other cases, where abrasion only is present, and the contacts normally tight, food debris may also be found lodging in between the teeth. This is due to the eradication by wear, of the occlusal embrasure, and mesial and distal sleuce-ways. The food impinging in such cases is forced into the spaces by the tongue and cheek action during mastication. Therefore, the form of the interproximate embrasures, occlusal embrasures, interproximate spaces and contact point, play a vital role in safeguarding primarily the septal gingivæ, and secondly, the attachment of the principal fibres of the peridental membrane.

Normal occlusion is guided by the key of occlusion, which means, the proper interdigitation of the mesio-buccal cusp of the upper first molar in the mesio-buccal groove of the lower first molar. When this

relation does not exist in the erupted six-year molars, something should be done to establish it, as the eruption or position of the teeth that follow, depend largely upon it. By proper interdigitation is meant, the proper antagonism of the inclined planes of the opposing cusps. Teeth presenting proper interdigitation, and arranged so as to form the compensating curve in the upper jaw and the curve of Spee in the lower jaw, are said to be in correct occlusal relationship. Any deviation from this may result in traumatic occlusion. Exceptionally long and pointed cusps which rest at the extreme bottom of the fossae or pits of the opposing teeth, tend to produce a traumatic condition. This can be corrected by trimming down the angular eminence so that it is fairly round.

Elongated or extended teeth break up the regularity of arrangement and are predisposed to traumatic occlusion. Elongation or extension of teeth is due to the lack of stimulation, resulting from either improper interdigitation or loss of the opposing teeth. When this condition is due to the former, it may be corrected by shortening the elongated tooth and building up into occlusion the tooth which is short of occlusion. If it be due to the loss of opposing teeth, the elongated tooth may be shortened to the proper occlusal plane and the missing opposing teeth replaced and made to interdigitate.

In young individuals, predisposed to a traumatic occlusion, no apparent damage is evident up to a certain age. This is greatly compensated for by the highly elastic property, or shock-absorber effect of the periodental membrane. The periodental membrane is a highly elastic, vascular membrane interposed between the cementum covering the root, and the bony wall of the alveolus. Aside from its nutritional function, and that of attaching the root to the alveolus, it has a very important function in that, due to its elasticity, it permits of individual tooth movement. However, as age advances, this membrane becomes thinner, and the bone to which it is attached more dense or more calcific; so that its efficiency as a shock-absorber is gradually diminished, while undue or improper stresses play havoc on the supporting structures.

We are now going into the etiology of pyorrhea. Dr. Kaplan is going to talk to you about the histology of the supporting structures of the teeth. (Applause.)

Dr. Kaplan:

HISTOLOGY

In order to understand the pathological changes that take place in the supporting tissues of the teeth, it is necessary to review briefly the embryology and histology of these tissues.

(Slides.) This is a low magnification cross section of the head of a ninety-day embryo. It shows the origin of the epithelium which forms the enamel and later the epithelial attachment. It was thought for some time that the epithelium of the mouth grew into the connective tissue to form the dental lamina and the tooth germs. However, Orban believes that certain parts of mouth epithelium remain at their original sites and the surrounding tissues grow. There is, apparently a dipping down of the epithelium which is eventually entirely disconnected from the surface epithelium.

The permanent tooth bud is seen coming off of the deciduous tooth. The enamel organ is represented here and is composed of several layers. The outer enamel epithelium, stellate reticulum, stratum intermedium, and the inner enamel epithelium which is known as the ameloblastic or ganoblastic layer. As the enamel is formed, the outer enamel epithelium seems to take the place of the stellate reticulum and touches the stratum intermedium. Later, the stellate reticulum disappears and the stratum intermedium and outer epithelium appear to be fused. After the disappearance of the stellate reticulum, the outer epithelium, stratum intermedium, and ganoblasts are in contact, and we call this the united enamel epithelium. The epithelium built by the stratum intermedium and outer enamel epithelium, is called the reduced enamel epithelium. Each ganoblast builds one enamel rod from the dento-enamel junction to the surface of the enamel.

At the time of eruption the top of the crown is covered with a stratified squamous epithelium, which we have called the reduced enamel epithelium. The enamel is formed by ganoblasts, and the last product of the ganoblast is the primary enamel cuticle. The reduced enamel epithelium and the primary enamel cuticle are in organic contact. When the tooth erupts, the reduced enamel epithelium comes in contact with the mouth epithelium. As the tip of the crown erupts and the epithelium connects with the mouth epithelium, the free margin of the gum is formed. No space exists between the enamel epithelium and the tooth. The epithelial attachment is that portion of the epithelium surrounding the tooth which is in organic connection with the surface of the tooth.

The secondary enamel cuticle is built by the stratified squamous epithelium of the mouth, and the epithelial attachment. Because this secondary cuticle is found on enamel and cementum, it is called the cuticula dentis. In early life the attachment of the epithelium is directly to the enamel. This is an organic attachment and provides a perfect seal against the invasion of pathogenic organisms into the underlying connective tissue. As life advances, the attachment passes down upon the cementum.

THE GINGIVAL CREVICE

The gingival crevice is the space existing between the gum and the tooth. It is bounded on one side by epithelium lining the free margin of the gum, and on the other by the enamel in early life. This other boundary becomes the surface of the cementum as the epithelial attachment passes downward. According to Gottlieb and Orban, the shallower the crevice, the more ideal it is. In the average mouth you may suspect disease if the crevice is more than one millimeter in depth.

There are various stages of tooth eruption, according to these authors. In the first stage of tooth eruption, the bottom of the crevice is on the surface of the enamel and the epithelial attachment ends at the cemento-enamel junction; second stage—the epithelial attachment passes below the cemento-enamel junction; third stage—the bottom of the crevice is at the cemento-enamel junction and the epithelial attachment is entirely on cementum; fourth stage—the base of the crevice has passed beyond the cemento-enamel junction.

The normal relationship of the epithelial attachment to the crest of the bone remains constant.

Dr. Crane:

ETIOLOGY

Pyorrhea is an insidious and slowly progressive disease which may be the result of many contributory factors. It expresses itself in a variety of clinical forms, each and all of which lead to the progressive destruction of the supporting structures and the ultimate exfoliation of the teeth. Predisposing factors are careless dental work which produces overhanging filling material at the gingival margin, overhanging crowns, lack of occlusal harmony, lack of proximal contacts, lack of proximal and marginal ridges, and gingival ridges; the construction of partial restorations with clasps or saddles which impinge upon the marginal gingiva, and all attempts to raise the bite, which do not leave perfect occlusal harmony; fixed bridge-work in which the axial relationship to the teeth in the opposite jaw is such as to produce occlusal pressure either facially or lingually to the axial center of occluding teeth, or unduly long spans of fixed bridge-work which deviate from a practically straight line, thereby causing a rocking action of the abutment teeth. Another predisposing factor is the lack of proper stimulation of the circulation in the supporting structures. Normally this brought about by the vigorous use of the teeth in the mastication of coarse and fibrous foods. The present soft diet of civilization makes necessary some form of artificial stimulation, but the majority of individuals use the toothbrush, if at all, in a method which avoids the gingiva, rather than massaging it. Still another predisposing factor is dietary deficiency which, however, is not as common as recent enthusiastic literature would seem to indicate. Such deficiency diseases as scurvy have long been recognized to be due to lack of certain vital elements in the food intake, and there is no doubt that many mild cases of lack of marginal tone and some cases of alveolar atrophy are due to this cause. Certain chemical poisons, especially mercury, lead, and bismuth may also be expressed by a lack of tone at the gingival margins. All of these things may be classed as predisposing factors in certain cases of pyorrhea alveolaris. A disharmony in occlusal relationship, which results in long continued, mild traumatisms of opposing teeth, may also disturb the circulation at the gingival margin indirectly, at the same time that it causes a wounding of the pericementum. Such occlusal traumatisms may be instigated by the extraction of a single tooth. Unless such spaces are maintained by artificial means, the action of the trans-septal fibers of the pericementum is to draw the adjacent teeth toward the space, thus producing lack of proximal contact in these teeth, as well as disturbing the cuspal relationship with the teeth in the opposite jaw. It is often possible by the extraction of a single tooth to cause practically every tooth in both arches to move more or less out of its normal position. It will be seen that practically all predisposing factors are more or less mechanical in their causation. The result of all of them is the same, that is, the production of a lowered resistance in the gingival margins. Bacteria of many kinds are present in all mouths beginning a few hours after birth. The pyogenic type, especially the strep. and staph., are so universally distributed in the air we breathe, in the food we eat, and in the things we touch, that the attempt to render a mouth bacteria-free is as impossible of accom-

plishment as to render the air bacteria-free. Furthermore, if the human being had not, throughout the ages, developed very efficient defensive mechanisms against the invasion of these common bacteria, it is doubtful if the race would have survived the first generation. In so far as bacterial invasion is concerned, it is always a factor in pyorrhea alveolaris, but one which is practically impossible of expression so long as the epithelium covering the gingiva and lining the gingival crevice are kept in a condition of normal resistance. Bacterial invasion, therefore, while a constant factor in all cases of pyorrhea alveolaris, is a secondary factor, and all attempts at prevention or treatment should have as their main object the maintenance or restoration of a normal marginal gingiva. Another predisposing factor may be certain wasting diseases such as tuberculosis, syphilis, osteomalacia, leukemia, and diabetes. Until such diseases are under control, but little can be done about the pyorrhea. Salivary calculus will form in practically every mouth, no matter how punctilious the home care. In mouths that are kept otherwise reasonably clean and in which there is sufficient stimulation of the gingival circulation, this frequently does not result in the establishment of pyorrhea, but it almost always does so if these two precautions are neglected.

Dr. Crane:

EARLY CLINICAL SYMPTOMS

Pyorrhea alveolaris frequently becomes firmly established before the clinical appearance of the surface tissues undergoes visible change. There are, however, certain symptoms of incipency for which the dentist should be constantly on watch. Any change in the normal festoon of the gum line should attract attention. In health, the thin marginal gingivæ appear to be clinging to the necks of the teeth and are practically uniform in color. In the interproximal areas the papillæ are pointed and come well down toward the contact points. The gum forms crescentic boundaries to the enamel on the facial and lingual aspects of the teeth, and the epithelium is so cornified that bleeding may not be readily induced. The gingival crevice is not apparent to the eye, but may be gently explored with a thin, blunt instrument. The nearer the depth of the gingival crevice approaches zero, the more ideal the condition. Because of the constant tendency of the teeth to erupt and the wear and tear of occlusal function or by alveolar atrophy, the gum margins may recede along the roots of the teeth. Provided the bone and soft tissues recede synchronously so that the depth of the gingival crevices is not increased and the crescentic festoon of the gum margin is undisturbed, this is not a diseased condition, but what we have termed normal recession and must not be confused with pyorrhea. Box has described certain changes which are generally accepted as incipient signs of pyorrhea. Among these are: (1) Traumatic crescents—a crescent-shaped zone of darker color extending part way across the gingival border. (2) Congestion of the marginal gingiva involving the complete gingival border. (3) Asymmetric recession of the gingival line. This may occur anywhere on the gingival margin. (4) Shortening of the crest of the septal gingiva. (5) Linear depressions in the alveolar mucosa. These may be seen between the tooth roots and are

hard to differentiate from normal depressions. (6) Stillman's Cleft. These are clefts occurring in the gingival border. There may be one or more clefts about the same tooth. (7) Absence of stippling. The normal dried gum presents a mossy surface, while a glazed appearance indicates circulatory changes. (8) Festoons. This is a hyperclasia of the gingival margins which appears like a roll of tissue around the neck of the tooth. (9) Circulatory changes which produce an inflammatory redness or a purplish color extending into the alveolar gingiva.

Added to these incipient signs may be a lack of elasticity of the gingival margins. Normally, if a blunt instrument is inserted into the gingival crevice, the gum margins will continue to hug the tooth, but when pyorrhea is becoming established, the tissues will be readily laid back by very slight pressure. Increased depth of the gingival crevice is always an unfavorable sign. There is some discussion as what constitutes the normal, but when the depth of the gingival crevice approaches two mm., it is probable that insidious changes are in progress.

Teeth in different individuals, even when normal, vary to a considerable degree in their motility, and it is not unusual for a patient who has been testing the firmness of his teeth with the thumb and forefinger to mistake the compressibility of the soft tissues of these digits for a movement in the tooth. Even the dentist cannot be sure that he is entirely free from this error. Therefore, the motility of teeth should be tested by the use of thumb forceps. A slight experience will enable the operator to judge if certain teeth in the arch are looser than they should be, and all such teeth should be regarded as showing incipient signs of pyorrhea.

Dr. Crane:

PROGRESSIVE SYMPTOMS

During the incipient stage the disease is confined mostly to the soft tissues and should be termed gingivitis. At this time a correction of the abnormal factors which have caused the marginal irritation, plus thorough active stimulation of the gingival circulation by the use of the Young massager according to the technic of Vastine, will generally produce a cure, or at least stop the progress of the disease and ameliorate the symptoms. Provided a strict regime of home care is pursued by the patient, and prophylaxis treatments are repeated at frequent enough intervals, the pyorrhea condition should cease to progress.

True pyorrhea always begins at the gingival margin as a gingivitis more or less inflammatory in its nature. It is when bacteria find an entrance into the sub-epithelial tissues in the gingival crevice, that true pyorrhea becomes established. When this takes place an exudate may generally be squeezed from beneath the gingival margin, and in any event a smear taken from this area will show a considerable number of pus cells. The gingival margins may hypertrophy, become spongy and bleed easily, but in cases where the mouth is kept comparatively clean and the gums reasonably well stimulated, this sign may be lacking. The mouth, from a visual standpoint, may appear to be in the best of health. Careful exploration under the free margin of the gum, however, will generally reveal an increase in the depth of the gingival

crevice. In cases of low resistance the gum margins may take on a blanched appearance and show the beginning of recession and become flaccid without the classical signs of inflammation. Here, again, the depth of the gingival crevice will be increased.

Patients frequently present with the statement that some tooth has moved out of its position. This is always a sign of pyorrhea, and is usually caused by some occlusal traumatism.

Mobility, of necessity, is a slowly progressive condition. At first the movement in the tooth may be so slight as to be overlooked in an ordinary examination, but when the pericementum becomes congested the tooth actually becomes extruded slightly from its socket and the mobility is increased. When the lamina dura is destroyed to any extent, the tooth becomes more or less freely movable. As more and more soft tissue is substituted for the bone forming the alveolus, the tooth becomes looser and looser until it is finally exfoliated.

When an infection becomes firmly established in the supporting structures of the teeth, a partially adequate drainage is maintained through the gingival crevice so that ordinarily the teeth are not sore nor painful.

If, for any reason, the drainage is retarded, a pericemental abscess may supervene. These abscesses are very minute at the beginning, and while they give excruciating pain, are often difficult to locate. In a day or two, however, they usually assume such size that a distinct inflammatory swelling may be noted on the overlying gum. By the time that this evidence is available, however, there has usually been quite an extensive destruction of the supporting bone, and if the abscess is located in the bifurcation of multirrooted teeth, it often produces a condition which contraindicates treatment of any sort. At the first indication of the possibility of a pericemental abscess, the gingival crevices in the region of the pain should be explored with a blunt instrument until a response by the patient indicates that the tender point has been located. With slight pressure the blunt instrument should then be forced deep enough into the crevice to open the abscess and establish drainage.

When pyorrhea becomes firmly established, it is easy for even the patient to recognize it, and yet it seems that many dentists pay but little attention to the incipient and progressive stages which have just been described. When pyorrhea reaches this stage it may affect only a tooth or group of teeth here and there, or it may be expressed in all of the teeth. Pus is always present and, except in cases which have been undergoing frequent prophylactic treatment, may be expressed along the necks of the teeth in a visible form. There is no such thing as so-called dry pyorrhea, for the destructive nature of the disease plus the leucocytic defense in the tissues against bacterial invasions, and the exuding of serum and lymph are necessary by-products. Pus, wherever found, consists of dead and dying bacteria, broken down and liquified tissue cells, plus exudate of serum and lymph, extravasated red-blood cells, and other debris. It must be obvious that a typical pyogenic process must be constantly producing pus, even though the drainage is so adequate that it is carried away in the fluids of the mouth almost as rapidly as it is formed. When this stage is reached, the progressive destruction of the lamina dura, which takes place, may be readily demonstrated by the insertion of a blunt instrument under

the gingival margin along the root of the tooth. It will be found that the destruction is generally not uniform about all surfaces of the tooth root, nor are the pockets of equal depth about all of the teeth. This variation is caused by the various factors which have produced the original irritation, and by the nature of occlusal stresses. The gums have a turgid appearance and can actually be seen to be swollen in places. The interseptal papillae are flattened, the interproximal space is exposed. There may be recession of the facial or lingual gingiva more pronounced about some teeth than others. The teeth may be quite firm, but generally some or all of them will be quite loose, and under occlusal stress in lateral and protruded mandibular movement may be felt or even seen to move. When the jaws are brought together with a snap, the percussion note is dull. This is also true when individual teeth are tapped with an instrument.

In final stage of the disease, pus flows freely about the necks of the teeth, the teeth have moved more or less out of their normal positions in the arch, and are loosened to such an extent that they not only move laterally, but also up and down in the socket. When this stage is reached there is no treatment that is even palliative, and extraction must be resorted to.

Dr. Kaplan:

ROENTGENOGRAPHIC STUDY OF THE ALVEOLAR SEPTUM—SLIDES

The importance placed upon periapical disease by the theory of focal infection has resulted in the development of an X-ray technic and interpretation, which focuses the attention upon opaque substances in root canals and radiolucent periapical areas. This phase of roentgenographic diagnosis is of great importance. However, from the standpoint of focal infection, pyorrhea alveolaris is of much greater consequence than periapical disease. It is more prevalent and is more widely distributed in the mouth, and the possibilities of absorption are decidedly greater.

The roentgenographic diagnosis of pyorrhea alveolaris is a record of the condition of the alveolar septum. Anthony defines alveolar septum as "The alveolar process wall which separates the alveolae of two teeth." In order to define this in the roentgenogram, it is essential that the line of incidence of the X-ray should be directed at right angles through the interproximal space. In roentgenograms so made, the periapical areas may be distorted, so that it is often necessary to make more than the usual number of exposures in order to secure all the information which a roentgenographic examination can give.

The alveolae are normally lined with a layer of highly specialized cortical bone, known as the lamina dura. The alveolar crest or extreme tip of the septum is also covered with a highly specialized bone, which is continuous with the cortical bone covering the remainder of the alveolar process. In properly made roentgenograms, the boundaries of the alveolar septum will be clearly outlined by a continuous opaque line which parallels the tooth roots and connects over the alveolar crest. This boundary line results from the shadow cast by the layers of specialized bone, which have just been described. In youth, the septal

crest is far down in the interproximal space, reaching almost, if not quite, to the enamel of the adjacent teeth.

As life advances, the point of the crest may flatten and recede without any other change in its normal arrangement. A similar shrinkage takes place on the facial and lingual aspects of the roots, although this is not ordinarily demonstrable in the roentgenogram. Such recessions occur, also, even in youth, in areas of the mouth which, through the irregularity of the teeth, are subjected to extreme masticatory overloads. These changes in the alveolar crest have been called senile and presenile atrophy, but because they do not result of any known pathological condition, we have termed it normal recession. In order to fall within this classification, however, the soft tissues must shrink synchronously with the bone so that the depth of the gingival crevice will not be increased. Roentgenograms of normal recession will show the same continuity of the opaque line bounding the receded and more or less flattened alveolar septum.

It is probable that pyorrhea alveolaris is always preceded by an inflammatory reaction at the gingival margin. In the beginning, the disease is confined to the soft tissues, and there is, therefore, no indication of it in the roentgenogram. At this stage it should properly be termed gingivitis, and infection is a very early factor.

As the infective process advances and involves the submucosa, the superficial fibers of the periodontal membrane are broken up and the bone involved. The roentgenogram will now reveal the break in the continuity of the opaque line which covers the alveolar crest.

Depending somewhat upon the causative factors and somewhat upon the amount of resistance, the bony destruction proceeds in a diversified manner. If the disease is initiated by a simple irritation of the marginal gingivæ such as results from deposits of salivary calculus, food impactions, overhanging dental restorations, or lack of sufficient stimulation by the toothbrush, the bone destruction will proceed quite evenly, destroying the lamina dura of both tooth sockets. The roentgenogram will show the alveolar crest as a radiolucent area. This rarefied area, as has been demonstrated by Maj. James B. Mann, involves extensive destruction of the bone, with sequestration. There is early and extensive inflammatory reaction in the narrow spaces. This disintegrated material is discharged at the neck of the tooth as a purulent exudate. This is the type of pyorrhea alveolaris which Box calls "simplex." It is also sometimes called "horizontal."

When there are deviations from normal in the lines of occlusal stress, which result in compression of the pericementum in one part of the tooth socket and a stretching or tearing of the fibers in another, it has the effect of producing a disturbance in the blood supply of the supporting tissues. This, combined with other factors, results in retrograde tissue changes in the pericementum, and permits infection to gain a foothold, and a deep, narrow pocket is formed along the side of the affected root. In the roentgenogram the opaque line representing the adjacent lamina dura on the opposite side of the septum will be clearly defined. This type of pocket has been classified by Box as "complex." It is also called "vertical" pyorrhea.

No matter which class of pocket is produced as an initial lesion, sooner or later all pockets become a combination of the two types.

When this occurs the roentgenogram shows a breaking down of the alveolar crest with the destruction deeper along one tooth root than the other.

The initiation of pyorrhea alveolaris establishes a vicious circle. The inflammation of the pericementum results in an actual extrusion of the tooth from its alveolus. This in turn produces an occlusal traumatism. In the attempt to find a stable seat, the tooth may move here and there, incidentally tearing or compressing the pericementum, altering the blood supply and lowering the resistance to infection of all the supporting structures. When this persists for some time the bone about the complete circumference of the root may be destroyed, and the roentgenogram will show a semicircular limitation of the alveolar bone far up on the root. We have called this a "circular" pocket.

Through neglect or improper treatment, the bony destruction in any type of pocket may proceed until the root is so denuded that not sufficient bone remains for its support. The tooth may be exfoliated and, if not, should be extracted. This condition is simple of determination in the roentgenogram since the large radiolucent areas about the root will clearly define the small amount of normal bone remaining.

In many cases, the tissue destruction in pyorrhea alveolaris is accompanied by an osteoporosis in the adjacent alveolar bone. In the roentgenogram it is seen as a group of small circular radioparent areas, beyond the line of disease, in the alveolar septum. This is probably in the nature of a physiological process and should not be mistaken for an extension of the pyorrhea pocket.

In the examination of thousands of roentgenograms, there has been seen with considerable frequency a type of pocket which, instead of proceeding into the socket and destroying the lamina dura of either or both teeth, seems to progress directly into the spongiosum between the two. The cause for this variation is as yet unknown, but when the roentgenogram shows such an area, it is possible to pass a blunt explorer through the middle of the septum. We have classified this as an "interstitial" pocket.

That pyorrhea alveolaris is in reality a low grade osteomyelitis, is demonstrated not only by microscopical study but also by the fact that in many cases a defensive reaction in the bone is demonstrable in the roentgenogram. In the simplex pocket this is seen as a hard opaque line connecting the shortened lamina dura. Coronally to this line the rarefied area, indicative of pyorrhea alveolaris, may be seen where the alveolar crest previously existed.

In the complex type of pocket the defensive process is indicated by a dense opaque line parallel to, and in advance of, the destructive process.

In the combination pocket, as well as the circular and hopeless pocket, the dense opaque line follows the general contour of the destructive process and forms a boundary between normal and diseased bone.

In case of pyorrhea alveolaris where resistance is extremely high or where the case has been continually kept under prophylactic treatments, it sometimes happens that this bony defensive reaction reaches a stage of perfection. The roentgenographic appearance of the alveolar septum is very similar to that of normal recession. In making a differ-

ential diagnosis, all that is necessary is to sound the depth of gingival crevice. In normal recession the instrument will be stopped at the depth of less than two millimeters. In the perfected defensive reaction the soft tissues do not recede coincidentally with the bone and, therefore, these cases will exhibit a pocket of greater depth.

Microscopical study has shown that sequestration of the bone of the alveolar septum is a frequent, if not constant, factor in all types of pyorrhea. Ordinarily these sequestered fragments are so small that they cannot be recognized clinically, but occasionally they will be large enough to be seen in the roentgenogram as opaque spots in the interproximal area.

In employing the surgical elimination of pyorrhea alveolaris or in any other method of treatment, two things are essential as preliminary procedures. The first is a careful measurement and recording of the depth of the gingival crevices about the complete circumference of every tooth. The second is a thorough roentgenographic survey made in such a manner that every alveolar septum is shown without distortion. This preliminary record should be carefully filed away and checked off by the same procedure about one year later. A comparison of these two records will furnish valuable information as to the efficacy of the treatment. In successful cases treated by the radical surgical method, it will be found that the gingival crevices are seldom even a millimeter in depth and the roentgenograms will show a complete regeneration of cortical bone over the shortened alveolar crests. Microscopical study of block sections from healed cases prove this to be so. The clinical and roentgenographical evidence will be almost identical with that of cases of normal recession. Very often the entire lamina dura as well as the spongiosum shows an increased density. Teeth, which in the initial roentgenograms show a thickened pericemental line, will be found to have receded into a normal relation in the tooth sockets.

Dr. Kaplan:

PATHOLOGY

Through the courtesy of the Laboratory of Dental Pathology, Army Medical Museum, Washington, D. C., Doctor James B. Mann, of the Army Dental Corps, was permitted to devote his time to the study of the histo-pathology of pyorrhea and the results of its surgical treatment.

In attempting to determine the true nature of the disease, we removed blocks extensive enough to keep intact all tissues involved from over fifty living cases, after careful clinical study and radiographic examination had established the diagnosis of pyorrhea. These blocks were decalcified and properly sectioned and mounted for microscopical study. After all the cases had been compared and classified, it was found that there is extensive variation in the depth of the pockets surrounding individual teeth and also approximating teeth in the same mouth. No case was examined in which there was an absolute absence of calculus, and all had more or less purulent exudate present.

The surface epithelium and that lining the gingival crevices showed various degrees of hypoplasia, extensive degeneration and ulceration. This is attributed to irritation, both mechanical and bacterial, as well as an altered blood supply and inflammatory reaction in the underlying

tissue. In many cases degeneration with cyst-like formations in the epithelial proliferations in the underlying tissues were noted.

Sub-epithelial changes were characterized by heavy monocytic infiltration with destruction of the principle fibers of the pericementum, extensive absorption of the cementum, often extending into the dentine, necrosis and granulation tissue formation. The blood vessels in these areas showed varying stages of an obliterating arteritis.

Changes in the alveolar bone are very marked and there is early and extensive reaction in the marrow spaces. More or less extensive sequestration of the alveolar crest was almost a constant factor. These sequestra are thrown off in showers and appear to be gradually discharged at the gingival margins. Osteoclasts are often present and the bone destruction is marked in all cases. Fibroblastic proliferation is also a constant factor.

The above findings appear to indicate clearly that pyorrhea is a low-grade osteomyelitis resulting from an infection which gains entrance through the gingival crevice, plus an interference with the blood supply to the part.

Anyone who may be interested in a more extended report of these findings will find an illustrated paper in the *Dental Cosmos* for April, 1934.

President Edwards:

We want to thank Drs. Crane and Kaplan for their lecture this morning.

If there is nothing further to come up at this time, the General Session is adjourned, and we will have a meeting of the House of Delegates.

The meeting adjourned at 1:10 o'clock p.m., Monday, June 17, 1935.

FIRST DAY—MONDAY, JUNE 17, 1935

MEETING OF THE HOUSE OF DELEGATES

The House of Delegates was called to order at 1:15 o'clock p.m. by Dr. Linus M. Edwards, President.

President Edwards:

We will dispense with calling the roll. We have a quorum. Are there any committees to report at this time?

Dr. I. R. Self, Lincolnton:

I have the report of the Committee on the President's Address.

Mr. President:

Your Committee begs to report that after reading your address and careful consideration of same, we, the Committee, endorse all recommendations and recommend especially that a committee be appointed to redraft the Constitution and By-Laws of the N. C. Dental Society and a copy be mailed to each member of the N. C. Dental Society, as suggested by you.

I. R. SELF, *Chairman*;
S. L. BOBBITT,
F. O. ALFORD.

President Edwards:

You have heard the report, gentlemen. Is there any discussion?

Dr. H. L. Keith, Wilmington:

I move that it be adopted.

Dr. R. M. Olive, Fayetteville:

I second the motion.

The Floor:

Question!

The motion was duly put and unanimously carried.

President Edwards:

I would like to appoint as the Committee on the Constitution and By-Laws, Dr. F. L. Hunt, Dr. J. Martin Fleming, and Dr. Paul Jones.

Motion to adjourn was made and seconded, whereupon the House of Delegates adjourned at 1:25 o'clock p.m., Monday, June 17, 1935.

FIRST DAY—MONDAY, JUNE 17, 1935

EVENING SESSION

The meeting was called to order at 8:30 o'clock p.m., by Dr. Linus M. Edwards, President.

President Edwards:

The meeting will now come to order. Drs. Crane and Kaplan will continue with their lecture.

THE CRANE-KAPLAN OPERATION

Dr. Crane:

Gentlemen, it was our intention this evening to go into a discussion of all of the more or less popular methods of treatment of pyorrhea alveolaris. It is quite a long story and as I told you this morning, pyorrhea alveolaris probably has more names and more treatments than any other affliction that man has become heir to. However, it is getting late, and I think if we take up the subject of what we have been criticized for calling the Crane-Kaplan operation this evening, it will keep us here about as late as you care to remain. Tomorrow, perhaps, if we can find time, we will go into the discussion of these various other methods of treatment and try to point out to you just how much can really be expected of them and why it is they succeed in some cases and that, while they seem to succeed in other cases, they do not.

For the purpose of teaching the surgical eradication of pyorrhea, it was necessary for us first of all, to go through all this preliminary study, but we have tried to present it to you in such a way that you could determine just what is necessary in the way of surgery, and how radical that surgery must be, in order to reduce the pathological condition to a condition of health. We have available in Washington the Surgeon General's Library, a very wonderful collection of books on all medical subjects, the Congressional Library, and the University Library, and some other publications—and so far as we were able to dig them out, we went carefully into the study of all the surgical methods for the elimination of the pyorrhea pocket which had been advocated. It may interest you to know that before there was any such treatment as sub-gingival curettage, that the surgical elimination of the pyorrhea pocket by the excision of the gum wall which formed the pocket was practically the only method of treatment aside from the various superficial treatments.

Dr. Riggs was the first man to give to the profession a rational discussion of pyorrhea. He described the pathology, in the consideration of the lights which were available at that time, in a more or less perfect manner. Dr. Riggs condemned emphatically all of those men who were taking off a strip of the patient's gum from wisdom tooth to wisdom tooth. He designed instruments for sub-gingival curettage and devised methods of planing the roots and trying to retain the blood clot, which differ but little from the methods which you hear advocated today in the American Academy of Periodontology. Dr. Riggs did go further than some go today, for he turned his instrument against the gum wall and curetted its inner side. Dentists in those days had but very little surgical background. There was no such thing as the use of an anæsthetic, and both dentists and patients were very delighted to get away from the torturing operation of the removal of the gum flaps. So, for many years sub-gingival curettage was accepted as the best method of treating pyorrhea alveolaris.

It was not until 1912 that Pickerill again had the temerity to advocate the surgical elimination of the pockets. Then came Dr. G. V. Black, in conjunction with his son, Arthur, and Dr. Nodine of New York, with more carefully worked out technics. During the time from 1912 to 1919 there were several publications advocating various types

of surgical pyorrhea operations, and most of the men who advocated these treatments also designed instruments for the purpose.

It was not until 1921 when Ward, of San Francisco, published his first paper, that this surgical operation was put upon a rational basis, and the thing which Ward contributed to the surgical treatment of pyorrhea that took it out of the field of uncertainty was the idea of packing the operative field with a cement which would act as a splint and at the same time medicate the tissues by some antiseptic content. Just as a matter of interest, it might be well for you to know that early in 1920 Col. Morningstar of the Army Dental Corps was doing surgical pyorrhea operations and packing the wound with a cement very similar to that which Ward has advocated. Col. Morningstar made no publication of this, and all credit is due Dr. Ward for making this operation an assured success, as well as relieving a great deal of postoperative pain. By the introduction of his cement packing, he made it possible to perform the operation with little more aftermath than followed the ordinary sub-gingival curettage. It permitted raw surfaces left by this operation, to become covered with a new growth of soft tissue without contamination or traumatism.

After we had studied all of the different operations, we could but be impressed with the idea that these operations were all done in a more or less hit-or-miss manner. Dr. Ward's operation, as those of you who have followed his technique know, was begun by the use of interproximal curettes, cutting between the interproximal surface of the roots until a healthy feeling bone was encountered. Then by connecting the limits of the perpendicular cuts, the gum was removed. We came to the conclusion, after much clinical study, that the interproximal pockets were generally deeper than the labial, buccal, or lingual pockets. So we felt that any operation which began by cutting down to the deepest part of the pocket and then went horizontally to the other deepest part, necessarily destroyed very much valuable, healthy tissue. When you consider that new tissue can only be formed from pre-existing tissue, and this especially applies to the epithelium, we felt that the more normal, healthy tissue that could be preserved, the better the end-result was bound to be. Therefore, we attempted to design a method of measuring the various depths of the pocket and marking them, and by very careful dissection to eliminate the diseased tissues and preserve, insofar as possible, every bit of normal tissue from which new tissue could spring.

At first we used a standard set of instruments in our work, and then designed a set of instruments to fit our own technique. The first of these instruments is the pocket explorer, which I showed you this morning, marked off in millimeters. You see it here in large model. Then we designed these forceps (exhibiting large model), and you will notice that there is a right angle cutting blade on one side and a flat exploring blade on the other. We pass the exploring blade into the pyorrhea pocket until it reaches the attached tissue, then the forceps are closed. The knife blade goes through the tissue and makes a bleeding point, which shows us the extreme depth of the pocket. That is done only on the buccal, labial, and lingual surfaces. You can see that it should not be done in the interproximal spaces. We feel in this way these

landmarks or bleeding points are made at the very shallowest part of the pocket formations.

The next two instruments in the set are gingival knives, which are double-ended instruments. There is a gingival knife on one end and a blunt dissector on the other. When we first started to do this work with the gingival knives, we could not resist the temptation to scrape off the gum flap with the edge of the knife blade. You will notice that the gingival knife is so formed that it is thoroughly feasible to follow along from one of these landmarks to another, no matter how much they may vary in contour or how much they deviate from a straight line. Then turn the instrument around and the gum flap can be removed with the blunt dissector.

The next are the interproximal saws. There is a straight saw and two angular saws. We found a great difficulty with all interproximal saws on the market in that they did not seem to be pitched to the proper angle. The angle of ours is so designed that they are freely admissible into the interproximal spaces from either lingual or facial aspects of the teeth. We broke a great many saws in the early days trying to use them. We found these saws were made so they would catch and jump rather than cut freely and smoothly through the tissues. We designed this saw on a new principle. It is very thin and, instead of having simple triangular cuts down into the metal, it has staggered teeth like a carpenter's set saw. You will notice that this differs from the carpenter's saw in that instead of forcing alternate teeth out of the plane, these teeth are made by beveling so on one side of the instrument there is a row of teeth and on the other side there is another row, without adding anything whatever to the thickness of the saw blade. Perhaps you can see what I mean in this picture. (Slide.) So far as we know, that is a new principle applied to saws for any purpose.

(Slide.) The next instruments are a set which serve as gingival trimmers, bone bevelers, and also ordinary calculus scalers, four instruments. They are right and left, and straight and right angle. These instruments are made to cut on all three sides. The right and left angular ones have one point longer than the other and are curved to fit the contour of the average root. The long point is introduced in the interproximal space and by pressure downward toward the tooth, the gingival margins can be beveled, including both the soft tissue and the bone. Then by dragging toward the crown of the tooth, the root can be planed. Each of these two instruments is used completely around the mouth, starting at the third molar and following completely around first the lingual and then the facial surfaces of all the teeth. The straight instrument is used for beveling and scaling the facial aspects of the teeth and the right angle one for the lingual surfaces.

(Slide.) These two instruments have a pointed bevel effect on all sides. They are used occasionally in interproximal spaces that are so narrow that they will not admit the saw. They are used simply to cut the interproximal debris away where the saw can not be used.

In addition, there are three hawk-beak scalers, of standard design. They are right, left, and straight. Then we also use regular Thompkins prophylactic files for the final finish. I think you are all familiar with these instruments. They are used after the field has been made as clean and smooth as possible by the use of the others.

In order to show just what we accomplish by this operation, a case was operated and immediately following that a block section, including the supporting structures of the tooth, was removed and decalcified and put through the routine of the Army Medical Museum. Dr. James Mann was working with us at that time. It was through his good office we were enabled to get this coöperation from the Dental Museum, and all credit and honor is due Dr. Mann for anything we may show you in the histopathology line. We took two teeth and operated in the customary manner. Then we took out this block section.

(Slide.) You will see that the tissues have been cut down and eliminated to the bone. This is the blood clot which is always permitted to form over the stump of the tissue in order that new tissue may spring from it.

(Slide.) This is still another case that was operated in the same way, and you see that everything has been eliminated here to the alveolar bone.

(Slide.) This is a higher magnification of the same area. It looks a little jagged to you, but to orient yourself to this magnification all you have to do is look at the cementum and realize that it is the thickness of a human hair and you will see these irregularities are very microscopic things. Here is the blood clot covering the area. Here you see one of those deep erosions which has destroyed the dentine of the tooth.

(Slide.) This is a case of pyorrhea which was selected in order to photograph the various steps of the operation and to show you exactly what is done, and it is perhaps more graphic than if you could see the actual operation. This patient had, fortunately, a very flexible upper lip, and Dr. Kaplan did not care how far he pulled it back so you could see what took place. You can see there is great irregularity in the outline of the gums. We have here a typical case of pyorrhea. The X-ray examination showed a very typical destruction of the boney crests.

(Slide.) The first step is to take the pocket marking forceps and insert the explorer blade under the gum margin and by closing the forceps when the explorer blade strikes the bottom, make a mark on the facial and lingual aspects of the teeth. Here is one bleeding point and here is another.

(Slide.) When that has been done around the facial and lingual aspects of the teeth, we are ready for the next step, which consists of taking the gingival knife and connecting these bleeding points, no matter where they may be, and then with the blunt dissector end of the knife, it is readily lifted off, because, after this incision is made, this gum flap has no attachment whatever to the teeth.

This brings up the very interesting question as to why the flap operation should ever be used. If you will take this section of tissue, as we have many times, and subject it to microscopical study, you will find the tissue which we have removed has entirely lost its anatomical factors and is nothing but a maze of granulation tissue covered by epithelium. Why lift this flap back and go through great pains to clean and polish the teeth and remove all the debris and bring the flap back and suture it there? It is exactly as if you had a window in your living room and had a curtain hanging over it covered with automobile grease. If you

washed that window every day to keep it clean, as soon as you let air into the room, it would blow the curtain against the window and get it dirty again. That is what the flap operation does. We remove this flap in order to help nature in her effort to reorganize this tissue and rebuild it in a better way.

(Slide.) The next step is the use of the interproximal saws. They are used from both the labial and buccal sides and from the lingual aspect. They are passed through the interproximal spaces, and with a sawing motion are carried down until the sensation of contact with firm bone is experienced. We cannot be certain that we have reached healthy bone because, after all, infection is a microscopic thing, or it may be beyond the area of active bone destruction. However, the natural resistance of the tissues is well able to take care of bacteria when the irritating factors are removed and further ingress of new bacteria has been prevented. You must learn by experience when the saw has reached what we call normal bone.

(Slide.) After the diseased interproximal areas have been thoroughly broken down by the saws, remove the debris and at the same time scale and clean the necks of the teeth. This is done with four instruments, which we have designed, called marginal tissue trimmers, bone bevelers, and scalers. You see now the reason for the shape of these instruments. They are so shaped that they will conform to the circumference of the roots and go into the interproximal spaces, both labially and buccally. Two of the instruments will completely scale around any tooth. At the same time, they will trim any roughness and irregularity that may appear at the bone margin. The other two scalers are used from the facial and lingual aspects, respectively. With all four of these instruments, we can make a complete and thorough cleaning of the teeth and beveling of the bone, and at the same time remove most of the debris. All of this work is done with the aid of a trained assistant who uses an aspirator with one hand and a little spotlight with the other hand. She follows along with your operating and takes care of bleeding points, to keep the field free from blood, and illuminated so you can see what you are doing.

(Slide.) This slide shows you how to take care of any unsupported gum flaps, by means of the tissue trimmer, on both the lingual and buccal aspects. I think all authorities who are not dogmatic are in agreement with the statement that pyorrhea can not be said to be cured until there is a new attachment of the gingival tissue at the point where the base of the pocket previously existed. In other words, you can not take such a diseased condition as Dr. Kaplan has shown you in the histopathology, with broken down tissues and destruction of not only the cementum but the dentine as well, and ever expect to re-attach the supporting tissues to that area. No matter what treatment you use for pyorrhea, it is necessary to re-establish the gum margin at the place where the base of the pocket previously existed. If this is ever accomplished as a result of sub-gingival curettage, it must be by the shrinkage of the gingival tissues to this point. By the surgical treatment, we immediately prepare the field for the re-attachment of the epithelium to the tooth where living tissue is already attached. To level the interproximal bone where the pockets were of varying depth, the hawk-beak scalers are used. It is well known that tissue will heal much better on a smooth, regular surface, so the point

of the scaler is put in the interproximal space, against one tooth and turned across the interproximal space, in such a manner as to plane the bone.

After the case has been gone over with all of this detail, we then take an atomizer bottle, and with a heavy spray, thoroughly clean out all debris, blood clots, etc., from the mouth and then pack the operated field with gauze strips, around the teeth and through the interproximal spaces, for the purpose of controlling the bleeding. Then the gauze is taken out a little at a time, so that we can see exactly what has been done. At this time, with the Thompkins files, we go over not only the necks of the teeth, but all exposed bone surface and file it down and make it just as smooth as we possibly can. The case is again washed out with the spray bottle and examined with the light, and if all debris has been removed, the blood clot is then allowed to form and we are ready to put on the cement packing. Various packings have been recommended, such as iodoform gauze and beeswax, but none of them proved to be very efficient. The cement is mixed to as stiff a consistency as possible and made up into a roll. It is then laid around the lingual and facial aspects of the teeth, and with the blunt dissector end of the knife, is packed into each interproximal space and on each facial and lingual aspect of the tooth. It is packed down as tightly as possible against the raw tissues which have been left by the operation. The packing serves many purposes and I will tell you about those later. This packing is left on for approximately ten days. It might seem at first this would cause a blow-up in a great many cases, and it would unless very careful surgery were done and unless you are careful before you put the packing on, to be sure there are no shreds of tissue nor debris left, and that the blood clot is clean. We can not state it as a definite fact, but from clinical experience with this operation, we feel that there is never any pus formation under this packing.

In some cases there may be postoperative bleeding, which starts after the packing is on. In this event the packing should be immediately removed, the hemorrhage controlled, and the case repacked. The patient may have some late postoperative pain, in which case it is a very wise thing to take the packing off and replace it with new packing. Then the pain usually disappears.

(Slide.) This shows the same case which you have just seen, one month after operation. You see that already the gum, which was quite irregular, has taken on a regular festoon. You can see, even in the photograph, that it is tightly attached to the necks of the teeth and coming down and forming the interproximal papilla of gum there underneath the contact points of the teeth. This gum has a beautiful normal color which we will show you tomorrow in actual color photographs. The gingival crevices are hardly measurable. We have measured quite a number of healed cases microscopically on block sections, and in those microscopical measurements we found the new gingival crevice which is formed, is always less than one-half millimeter in depth. It is the consensus of opinion of the authorities that the nearer the depth of the gingival crevice approaches zero, the more normal the condition.

We find that dentists are usually interested in the packing. We must use a cement packing which, in the first place, acts as a splint for this tissue, which protects the gums from trauma, and which also protects them from a re-invasion of bacteria. The packing contains

a sedative and antiseptic dressing, and by its use over a period of ten days, the necks of the teeth which might otherwise become quite sensitive, are protected. This packing can be made up quite cheaply by your own druggist. You can buy some prepared packing and pay a dollar and a half for it, but you can buy an equal amount of our packing for about twenty-five cents.

The formula for this packing was given to us by Col. Morningstar, and at first consisted of Eugenol, Oxide of Zinc, and pulverized resin. It became evident after a little use of that packing, that it clung too tenaciously to the tissues. As is natural in all wounds, there is an exudate of serum after the operation. It is not pus, but a natural oozing. If you put on a cement packing that tightly adheres to the tissue and the teeth, you will have a great deal of pain. For that reason, Col. Morningstar worked out the idea of mixing mineral oil with the Eugenol. I think Dr. Ward's formula consisted of Eugenol and olive oil. It does not make any particular difference what type you use. The oil acts to form a film on the surface, preventing actual contact with the tissue and making it possible for any postoperative exudates to seep out. That was the formula as we received it: equal parts of Eugenol and mineral oil for the liquid, and Oxide of Zinc and finely pulverized resin, for the powder.

We have done a considerable amount of experimenting, trying to improve upon the original formula. While we do not think we have an ideal formula yet, we have in the first place not only finely ground the resin, but have passed it through a bolting cloth. That reduces the resin to just about the same consistency and degree of fineness as Oxide of Zinc. In experimenting with the liquids, we have found that the amount of Eugenol can be very greatly reduced to advantage. Mixing up the liquid in various proportions, we finally hit upon three parts of heavy mineral oil to one part of Eugenol as the liquid which produced the smoothest cement with the greatest amount of stability. We have found by reducing the amount of Eugenol and increasing the amount of heavy mineral oil, we have a cement of more tensile strength.

When we operate on a case in this cleanly manner by careful dissection and put this packing on, we feel certain, in the absence of a subsequent postoperative bleeding, that the patient is going to be quite comfortable, and we have many cases of busy people in Washington who go back to work the next morning. I operated on one of our most prominent dentists in Washington some little time ago. He marked off three days from his appointment book to go home and be sick. The next morning he woke up and felt so good, he went on a two-day fishing trip. We do not say no patient ever has postoperative pain, because they do; but considering the amount of operating that is done, as compared with such simple things as the extraction of a tooth, the amount of postoperative pain is negligible, and it is not enough to interfere with the patient following out his routine duties. There are the instances with which you are all acquainted, where the patients feel they have had an operation and want a lot of sympathy for it. They do a lot of yelling. (Laughter.)

If there are any questions you would like to ask about this operation, I will be glad to try to answer them.

Member:

How much of the mouth do you cover at one sitting?

Dr. Crane:

That is a matter controlled very largely by the individual case. It takes about one full hour of pretty constant use of the instruments and fingers to complete one jaw, either maxillary or mandibular teeth. You may have a patient in such a highly nervous condition or such physical condition, you would not want to submit him to an hour in the operating chair, even though the operation is entirely painless under local anaesthesia. It is preferable whenever other conditions are all right, to go ahead and complete one jaw in its entirety at one sitting. You must remember there is such a thing as nervous shock. I have been violating human tissue for a great many years, and while to some men who have become hardened to spilling human blood the patient is just another subject to be operated upon, it is my practice to take into consideration all of the factors, and if it looks like it is not too hard on the patient, I complete a whole jaw. You must depend on your own judgment in each individual case.

Member:

How long do you keep the cement dry?

Dr. Crane:

We do not keep it dry. We put it in the mouth and press it into place with the lips and the muscles. We have the patient use the tongue to help us and then spit the saliva out. We then trim the surplus cement away. Be sure that none of the cement overlays the occlusal surface. Clean it away so that the patient brings his teeth into the usual occlusion.

Dr. W. J. Miller, Lenoir:

If you do one whole jaw, would you wait to do your packing until you had completed the whole jaw?

Dr. Crane:

Yes. The packing is done after everything is cleaned up and examined and re-examined to be sure nothing is there but attached healthy tissues and the blood clot. Then the packing is put on completely around in one strip. It is made in a roll. We usually use a roll a quarter of an inch or a little bit less in diameter. We start at the wisdom tooth and with the finger we lay it along the space that is to be covered. On the facial aspect we use the cheeks and lips for packing it into place. But on the lingual aspect we use the finger, which should be wet to prevent sticking.

If the thing is done right, ninety-nine per cent of the cases will be successes. We are often asked the question: "How long will it be successful?" We cannot answer that. We do not know. We have cases as old as seven years since they were operated on, in which the gingival crevices have never gotten to be more than one millimeter in depth and in which the patients come in sometimes only once a year to have their teeth cleaned, and we find they have healthy mouths. We

figure that we have done a very good thing for the patient and we can not see any reason to be apprehensive. So long as the patient continues the proper home care of his teeth, we have no fear of recurrence of pyorrhea.

Member:

What did you say the treatment was for interstitial pyorrhea?

Dr. Crane:

We treat all pyorrhea by the same method. When we have a gingivitis, we treat that by thoroughly scaling and polishing under the free margin of the gums and by the use of antiseptics and massage. But when the tissue destruction progresses to the point where it is demonstrable in the X-ray, where the gingival crevice has exceeded 2 mm. in depth, we treat that patient by the surgical elimination of the pyorrhea pocket. Whether interstitial, labial, or lingual, it makes no difference. I may not have understood your question. Does that answer it?

Member:

I don't think it does. I do not see how you get in there to find the interstitial pocket unless you depend on the X-ray.

Dr. Crane:

It is a good thing you mentioned that, because I overlooked it. No case of pyorrhea is so classed until a thorough diagnosis is made and that includes as perfectly a made set of X-ray pictures showing the alveolar crest as we are able to obtain. The treatment for it is to use the interproximal saws and cut down until you encounter a firm, healthy-feeling bone.

Dr. Kaplan told you bone will grow between bone. It will not grow on bone. If you take the interproximal saw and cut down into the interstitial pocket until you feel you have reached healthy bone and put the packing over it, you will find that place completely fills in with regenerated bone, and you may be able to demonstrate it with your X-ray picture within six months.

Member:

Do patients object seriously to the elongated appearance of the teeth after the operation?

Dr. Crane:

It was our intention to go into that in the morning. They do not have that appearance after the grinding for the balancing of the occlusion. I will answer your question by telling you one of my experiences. I had an awful time convincing one woman who came to me that it was necessary to perform this operation, because she was somewhat dubious concerning what she thought would be a disfiguring result. I assured her it would not be nearly so disfiguring as she thought, and told her that unless something were done, she would lose all of her teeth anyway. She finally consented to have the operation.

She came into my office four years after the operation and said: "I think you have made my mouth more beautiful than it was before!" (Laughter.) Do not get buffaloed with the idea it is going to produce a bad appearance. We will show you in the morning color photographs of actual cases taken from one mouth up to five years after the operation, in all kinds of cases from primary up to extensive cases. After you have looked at the color photographs, you will not have the feeling that the operation is disfiguring.

Member: Question?

Dr. Crane:

A loose tooth is the result of one or both of two things: It may be caused by the fact there has been so much bone destroyed around that tooth it has nothing in there to keep it in place. It is just the same as taking a nail and driving it an eighth of an inch into this table. It will wobble all around. Drive it in three-quarters of an inch and you can't move it. That is one reason for looseness of a tooth. The other is that for some cause the pericementum has become congested and swollen, and it actually pushes the tooth out of its socket. If you remove that irritating cause, then the pericementum goes back to normal and the tooth slips back into its normal socket and it will tighten up. You have to make a differential diagnosis before you can say whether it is necessary to extract the tooth.

Dr. Oscar Hooks, Wilson:

Do you consider that diet has anything to do with pyorrhea?

Dr. Crane:

Yes. I think diet has a lot to do with almost every disease the flesh is heir to. I do not think you can cure it by diet. When it is established and you have sequestration and a condition of low grade osteomyelitis, I do not think you will ever benefit it by diet. Here is a fact so often overlooked: Nutrition can only be expressed in normal tissues and it can not be expressed in diseased tissues. So when you give a patient a diet with which to cure broken down tissues, it is like trying to raise the dead.

Member:

In a case of pyorrhea where you have a mal-occlusion, do you attempt to correct the mal-occlusion before your operation or wait until afterwards?

Dr. Crane:

We expected to go into that tomorrow morning when we took up the difference between traumatic occlusion and mal-occlusion, and when treatment should be done. Except in cases where the rocking of the tooth is very extreme, we never do it until about seven or eight days after the pack has been taken off. We find very often that where we have a tooth in occlusal traumatism, when we eliminate the pyorrhea the inflammation in the pericementum is relieved and it resumes its normal thickness. Then the tooth will settle back into its normal posi-

tion. The tooth which today might seem to be in traumatic occlusion, will next week be in perfect balance. The orthodontic regulation of teeth with pyorrhea is, in my opinion, a very treacherous procedure to advocate, because I have seen cases in which orthodontia had been superimposed on a pyorrhea condition, and if it did anything, it made the pyorrhea worse.

Member:

When you operate and expose the dentine, do you have trouble with sensitization?

Dr. Crane:

Any exposed dentine is going to be sensitive. For many years I did sub-gingival curettage and studied under some of the men best qualified to teach that method, and I spent what to me then was quite a considerable fortune for special instruments. I remember buying one set of a hundred and fifty instruments. I never did find out what some of them were for. I went into both of these methods thoroughly, and from experience over a great many years, I do know that there is less sensitiveness from the surgical operation than from the ordinary sub-gingival curettage.

Dr. Kaplan and I have spent five years studying on this thing, and we have learned many things that we did not know. We are still working on it, as we feel we are going in the right direction, and we feel that there are a great many things that can be greatly improved upon to the benefit of the patient. (Applause.)

Dr. Crane:

PROPHYLACTIC TREATMENT

The term prophylaxis is in general use as descriptive of a thorough cleansing of the exposed parts of the tooth crowns, and this operation has been relegated to a large extent to the attention of the dental hygienist who, as a rule, performs her services with a great deal of care and enthusiasm, and in many instances does the work more efficiently than the average dentist. It is a mistake, however, to conclude that this cleaning, no matter how thorough nor frequent, constitutes anything but a fraction of the dentist's responsibility for oral prophylaxis. The word prophylaxis is from the Greek, and means the employment of measures used to prevent the institution of disease processes. While keeping the teeth as nearly clean as possible is an extremely important factor in the prevention of mouth disease, there are many other prophylactic measures for which the dentist should assume the full responsibility. Among these may be cited the establishment of correctly balanced diets for the nursing mother and child, especially during the formative period of the teeth. The probability is that the general health of the supporting structures of the teeth is more or less influenced throughout life by nutritional factors, and for this reason the suggestion of properly balanced diets should also come under the head of prophylaxis. Correct arch form and occlusal balance are also important elements in the continued health of the teeth and supporting structures, and the correction of deviations from normal is a highly

important prophylactic measure. Lack of ideal proximal contacts almost always institutes pathological changes in the teeth or supporting structures, or both, and the correction of such conditions constitutes a very valuable prophylactic procedure. The home care of the mouth and teeth, if it be efficient, produces not only clean tooth surfaces but sufficiently nourished soft tissues by the stimulation of the circulation and a cornification of the surface epithelium in areas subject to traumatic stresses, and this, therefore, is part and parcel of prophylaxis. The use of food which requires considerable stress for its mastication and the habit of completely macerating tough and fibrous foods, has the effect of stimulating the periodontal circulation, strengthening the attachment of Sharpey's Fibers and hardening the marginal bone and lamina dura. The dentist should not consider his prophylactic service complete until he has impressed this fact on the mind of the patient.

Dr. Crane:

RADIATION

During recent years manufacturers of equipment for the production of ultra-violet and infra-red rays have made the attempt to place them in dental offices under the claim that they were beneficial in treatment of pyorrhea. The work which has been done in the study of these bands of light by physicists and medical specialists have demonstrated that they are useful in the treatment of some skin lesions and that the ultra-violet ray has a stimulating effect upon calcium metabolism so that after more or less prolonged use, there will be an increased density in various parts of the bone structure. This result, however, is brought about by the irradiation of large surfaces, if not the whole body. The attempt to treat minute areas of the bone with the idea of producing an increased density at that point, is not justified on the basis of physiological possibilities. The infra-red ray has been definitely proven to have a very extreme penetrating power producing hyperemia deep in the tissues, and this ray may be localized on a given point with a temporary plethora of the local circulation.

All attempts to find any bacteriological effect from the infra-red ray have proven unavailing, but claims are made that the use of the ultra-violet will reduce the bacterial flora. Granting for the sake of argument that this is so, it seems, nevertheless, a slow and cumbersome way to accomplish what can be done in a few minutes by the application of tincture of iodine.

According to the claim of a number of manufacturers of ultra-violet equipment and to sporadic articles appearing in the literature from time to time, the local use of ultra-violet for a period of months will cause a growth of new alveolar bone. This conception seems to be based mainly upon the fact that teeth which were hitherto loose become tighter during the treatment, or upon radiograms which are generally taken at a different angle from the original pictures. So far as we have been able to find, no microscopical study has been reported which would identify the new bone formation. It is more probable that the tightening of the teeth is caused by the settling of the tooth back into its socket after the inflammation of the pericementum has been reduced by various treatments which are generally pursued

in conjunction with the radiation. We are not ready to state that some benefit may not be derived from the use of ultra-violet rays in the mouth, but we feel certain that similar benefit can always be accomplished in much less time by much simpler methods.

Dr. Crane:

DUNLOP

About 1916, Doctor W. F. Dunlop introduced a method of treating pyorrhea by the introduction of a stream of medicated oxygen into the pyorrhea pockets. This method of treatment failed to attract much widespread attention until quite recently, when an advertising campaign was begun by the manufacturers of the medicaments and apparatus necessary for its use. The equipment consists of a vapor machine which has two valves, one of which delivers the oxygen in a pure state; the other delivers it mixed with oil of peppermint, boric acid, alcohol, and other ingredients. We have been unable to obtain the exact formula or composition of this mixture. In addition to the vapor machine, there is furnished a paste made with glycerine, and a surgical dressing made with wax, which are said to contain the same ingredients. The combination of these ingredients goes under the name of Oxy-mentho-borate. The vapor is introduced into the pyorrhea pockets by means of blunt and properly-curved needle attachments. The paste is introduced into the pockets by means of a syringe and massaged into the gums by the dentist and the patient. The dressing is warmed in a special syringe until it becomes softened enough so that it can be forced through the needle and under the gum and into the interproximal spaces where, as it cools, it is packed by digital pressure. This dressing has a tendency to be easily moved out of place and, therefore, in most instances it is necessary to repack the case daily. The rationale of the treatment is based upon the recognized tendency of oxygen gas to flow through diseased tissue. Ehrlich has stated that dying tissue possesses an increased affinity for oxygen, and Unna considers that plasma cells, which are often found in great number in granulation tissue, are the storehouses for oxygen; hence, their presence in pyorrhea must be regarded as a sign of want of oxygen.

In addition to this, many anaerobic organisms are probably connected with any pyorrhea infection and they are rendered more or less inactive by contact with oxygen, and there appears to be an arterial hyperemia induced. The packing is used primarily for the mechanical purpose of packing back the unattached gingiva and opening up the pyorrhea pockets so that sub-gingival instrumentation may be more readily performed. It also is said to protect the ulcerated surfaces and to be beneficial in reducing the inflammation. The paste is used with the idea of reducing the swelling of inflamed tissues and hardening the gum surfaces. There is a paucity of literature on this subject, and most of the information as to the methods of its use and to the benefits derived seem to be circulated by the manufacturers. We have had no experience with this method of treatment, but feel that it must be classified as similar in object and probably slower in results than the chemobacteriologic methods, and in general it would seem that the attack against the disease is being made against symptoms, rather than causes.

Dr. Crane:

ELECTIVE CHEMO-THERAPY

The bacteriology of pyorrhea has received considerable study by many eminent bacteriologists. So far, however, all attempts to identify specific bacteria as a causative factor have been inconclusive. At the beginning of the present century, Noguchi isolated and cultivated the *Spirochaeta Macrodentium* and *Microdentium*, which he believed might be the specific organisms in pyorrhea alveolaris. His culture media gave forth odors characteristic of a pyorrhetic mouth. Later, however, he became convinced that these organisms were not specific. Later, Smith and Barrett, and Bass and Johns, almost simultaneously advanced the theory that the endameba gingivalis was the causative factor. After the administration of millions of doses of emetin and ipecac, it became obvious that these organisms were not a causative factor. While they are almost constantly present in mouths with pyorrhea alveolaris, they are also found in healthy mouths and are of doubtful pathological importance. Still later, Hartzell in 1927, advanced the theory that the pyogenic bacteria, especially the streptococcus, were of great importance, and that if the necks of the teeth adjacent to the soft tissues could be kept sufficiently free of them and the soft tissues could be sufficiently stimulated, that pyorrhea could not exist. At present it is generally conceded that the pyogenic bacteria of the strep. and staph. group are invariably an important factor in every case of pyorrhea alveolaris. By their saprophytic action, they are able to cause a dissolution of the epithelium lining the gingival crevice just as soon as the local resistance to them is reduced below par. While, therefore, these organisms may be classified as one of the two chief factors in the etiology of pyorrhea, they are not specific in the sense that the tubercle bacilli, typhoid bacilli, or *spirochaeta pallida* are. The micro-organic flora of the healthy mouth is of infinite variety. It may be that these organisms take on increased virulence at times, owing to changes in the saliva or endogenous factors, but the normal resistance of the oral tissues is very high, owing to an adequate blood supply and a thick covering of cornified epithelium. As soon as the local resistance is reduced to a point where pathogenic bacteria are able to establish a nidus and live at the expense of the tissues, the virulence and number of the organisms no doubt increases. An infected mouth shows on a smear many types of spirillum, including the macrodentium and microdentium, and the spirocheta of Vincent are also usually found in more or less profusion. Accompanying Vincent's organisms is the bacillus fusiformis which appears to exist in a state of symbiosis. In addition to this, various other bacilli are found, the most prominent of which is the *Vibrio*, which seems to be between a bacillus and a spirillum. Its pathogenicity is open to question. The cocci exist in large numbers and many varieties. *Staphylococcus pyogenes*, aureus, albus, and citreus, the streptococcus pyogenes, mitis, anginosus, salivaris, as well as the haemolytic, non-haemolytic types, are in the majority. In addition to this, the micrococcus catharallis, micrococcus tetragenus are also frequently found. Accompanying these more or less pathogenic types are many varieties of saprophites. These include the leptothrix, which are long, thread-like organisms, and various fungi, such as the

aspergillus. These organisms are always associated with, and part of the detritus in an unclean mouth. Besides the micro-organisms, the mouth is infested from time to time with various parasites, most common of which is the endameba gingivalis which appears to have the ability of ingesting micro-organisms and, therefore, may probably be classed as a scavenger.

The mouth, because of its moisture and temperature and multiple crypts, forms an ideal culture place for bacteria of all kinds. The attempt to render the mouth bacteria-free or sterile, is acknowledged to be hopeless. Under the Elective Chemo-Therapy method of treatment, the attempt is made to reduce the bacterial flora of the mouth to a minimum. For this purpose, the use of a spirocheticide such as arsphenamine, applied locally, and an amoedacide such as emetine hydrochloride, injected intramuscularly, is advocated in conjunction with intensive treatment with so-called specific antiseptics applied with the Young rubber cup according to the method of Vastine. The antiseptic to be used is determined by making cultures from the mouth and inoculating a series of culture tubes which have been inhibited by the addition of suitable quantities of various antiseptics which are in clinical use in the mouth. One tube has no antiseptic added to it, and this serves as a control. After suitable time is allowed for growth of the culture, the tube in which there is no growth, or the least growth, indicates the specific antiseptic which is effective against the life of this particular culture.

There can be no doubt that the frequent employment of the Vastine method, with any of the well-known mouth antiseptics will serve not only to reduce the number of organisms present, but also to stimulate the circulation and to cornify the surface epithelium. However, the repeated compression of the gingiva against rough particles of underlying tartar would seem to be bad practice, and it is suggested that thorough sub-gingival curettage should precede the employment of the Vastine cup. When the Elective Chemo-Therapy method results in an improvement of the appearance and tone of the marginal gingiva, as it will in many instances, it must not be considered that pyorrhea has been cured, for it must be constantly remembered that pyorrhea is a disease of the bone, and while its progress may be retarded by restoring the gum margins to a more normal condition, the disease will progress insidiously even though the mouth appears healthy to ocular examination.

In considering the question of reducing the bacterial flora of the mouth, it must not be overlooked that this can be done quite as efficiently by removing the debris and correcting the conditions which tend to cause the accumulation of the debris quite as well as by the use of antiseptics, if not better. When one considers that the cocci reproduce themselves possibly in less than a minute, it is a matter of pure arithmetic to understand that providing the mouth could be freed of all bacteria save one, that through the geometric progression of reproduction, this one bacterium would have billions of offspring within 24 hours. Therefore, if dependance must be placed upon antiseptics to keep a mouth free from disease, it is necessary to keep the tissues constantly under their influence. As Black and others have shown, an antiseptic is a protoplasmic poison, and if the tissue is kept continually

bathed in an antiseptic powerful enough to prevent the growth of micro-organisms, it will also prevent the growth of normal reparative tissue cells.

Dr. Crane:

SUB-GINGIVAL CURETTAGE.

The earliest method of treating pyorrhea probably consisted in wiring the loose teeth together in order to afford lateral support. Following this, various surgical operations were devised for the elimination of the swollen and flabby gum tissues. It was probably not until 1876 when Riggs presented his theories and practice that the method of sub-gingival curettage was developed to a practicable technic. His studies gave him a more advanced concept of the pathology of the disease, and he came to the conclusion that the treatment should be entirely surgical. He invented a set of instruments for use in sub-gingival curettage. His treatment as set forth in the *Dental Cosmos* was as follows: "The first principle of surgery demands that you clean that tooth thoroughly. Go down beyond the line of the disease, go around the tooth thoroughly, and break up the diseased tissue, and apply tincture of myrrh, and in three days you will notice a marked improvement for the better, and if the patient takes proper care of the teeth, the disease will not return." Also, "wherever the absorption goes on irregularly, unless the inflammatory reaction is extreme, it will sometimes absorb, one or two bone cells, and then skip one or two, and these last, being isolated, naturally die, or become necrosed to some extent. In treating this disease you must break up the line of disintegrated tissue. You must, as it were, transfer your eyesight to the end of the instrument, so that when you strike dead bone you will know it. Live bone will feel smooth and greasy. It requires some years of experience to treat this disease properly, because you have not your eyesight to aid you, but must depend absolutely upon the sense of touch."

This teaching of Riggs amplified and refined by Younger and others made such an impression upon the dental profession that the method of sub-gingival curettage almost entirely replaced other methods of treatment. It is probable, however, that the curetting of the diseased alveolar process was soon discontinued and the attempt made simply to plane and polish the submerged part of the root. Many men became quite prominent as instructors in this technic, and many sets of instruments were devised to accomplish the curettement without injury to the overlying gum tissue. Some of these sets contained as many as 150 instruments. The treatment as then practiced, forms the fundamental concept of the periodontist of today. Various steps have been added as the pathology of the disease has become better understood, but there seem to be few, if any, advocates of returning to Riggs technic of scraping away the diseased alveolar process through the sub-gingival route. Various chemicals have been advocated for use in the pockets for the purpose of softening the sub-gingival calculus to facilitate its removal. Sulphuric acid and hydrofluoric acid have probably had the biggest vogue. More recently Stillman and McCall have recommended the use of Sodium Sulphide to destroy the epithelium which always grows deeply into the pocket, and which they feel must be removed in

order to present a possibility of reattachment of the tissues. The stimulation of the gum by means of various instruments in the hands of the dentist and by the use of toothbrush by the patient, as well as by finger massage, has long been recognized as a beneficial adjunct in the postoperative treatment. There can be but little question that when sub-gingival curettage is faithfully and efficiently performed and sufficient postoperative stimulus to the gingival circulation is provided, that there will be a discontinuance of the flow of pus, a tightening of the gingival margins, and an improved color and tone will be imparted to the gums. It is also true that teeth which were loose will tighten more or less, and that the progress of the disease will be considerably retarded as long as periodic follow-up treatments are pursued by the dentist. In some cases after years of such treatment, the diseased bone will disintegrate and be discharged in microscopical portions along with the exudate, and at the same time the remaining healthy bone will increase decidedly in marginal thickness so that there is no longer a localized osteomyelitis. Continued gum massage and efficient prophylactic treatments may then eventually cause a shrinkage of the overhanging unsupported gum to a point where the gingival crevices will not be unduly deep. These cases may be pronounced to be cured, but such a result is so seldom capable of demonstration and takes such a long time to produce, that it would seem wise to use a more universally rapid method of accomplishing the same result, if such a method can be demonstrated. The reason for the beneficial effects of sub-gingival curettage which are demonstrated almost immediately following the treatment, is that the irritating sub-gingival calculus is removed and at the same time the pathways of drainage are made more patent and efficient. Given adequate drainage and sufficient circulatory stimulation after removal of the exciting or irritating factors, any pyogenic infection will show a decided improvement, but when the condition which is left is such that new irritating factors are invited and reinfection is facilitated, the result can only be temporary in its nature.

The technic of sub-gingival curettage is not difficult to master, but it requires a great amount of systemic application to accomplish a thorough result. It is necessary to remove all sub-gingival calculus and to plane and polish the roots until no irritating factors remain. There has been a lot of academic discussion as to the extent to which the cementum should be planed off. The cementum is lamellated or built on in successive layers during its formation. Beginning above the gingival third of the root, the cementum contains lacunae and canaliculi, but the gingival end of the root is covered with a practically amorphous cementum. This homogenous layer is about the thickness of an ordinary scalp hair, and it would be a very skillful and delicate matter to attempt to plane away part of this and leave the rest. It is probable that in doing sub-gingival curettement the cementum is very often entirely planed off, exposing the dentine. This, however, makes no practical difference in so far as the beneficial results of curettement are concerned. It is important to have a sufficient variety of delicate instruments which will plane either with a push or pull movement, so that every exposed part of every root can be cleaned without the instrument slipping. A very satisfactory way to accomplish a thorough result, especially for those who are first attempting the technic, is to

take one root surface and divide it into imaginary squares about a millimeter in dimension. With one or more of the instruments, these imaginary squares may be carefully planed one at a time in a successive sequence, and beginning at the gingival margin and gradually working deeper and deeper into the pocket. When all of the roots have been carefully gone over in this manner, prophylactic files should be used in a systematic manner about the circumference of each root. As pockets are formed about the teeth, there is a down growth of the crevicular epithelium extending almost, if not quite to the bottom of the pocket. It is necessary, in order that the blood-clot may organize, to remove this epithelium from the surface of the underlying connective tissues. Sodium sulphide placed in the pockets is supposed to accomplish this result, but in many instances it can probably be done satisfactorily by reversing the pyorrhea scaler and using it to thoroughly curette the outer walls of the pocket. The use of pumice stone or other abrasives has been condemned because any residue which remains in the pocket is apt to interfere with the organization of the blood clot. From a practical clinical standpoint, however, it seems that a strong atomizer spray used vigorously will remove all debris to an extent which will permit the blood to clot in a normal manner. Box and several other authorities claim that when the down growth of epithelium is destroyed and a clean blood clot organizes in the pocket, that there will be a reattachment of the subsequent connective tissue to the polished surface of the cementum or even dentine. This seems to be almost entirely a theoretical supposition and is not supported by any acceptable microscopical study. There is no doubt, nevertheless, that a clean properly protected clot will organize and, under ideal conditions, form a new connective tissue matrix which will fill the space formerly occupied by the pocket and make the gum hug the neck of the tooth. It is well to bear in mind in this connection, however, that there is from the defensive standpoint a very wide difference between coaptation and attachment. For this reason, unless continued prophylaxis treatment are instituted and meticulous home care is given, there will soon be a re-establishment of the pyorrhea pocket. Our own opinion with regards to the indication for sub-gingival curettement is that it is advisable in incipient cases of pyorrhea where the cortical bone of the alveolar crest and gingival borders is still intact, and in those advanced cases of pyorrhea where so much bone has been destroyed, that surgical operation is contra-indicated. In these latter cases the teeth should really be extracted, but occasionally a patient in good health may desire to prolong the life of his tooth, or for some systemic reasons the physician may not wish the patient to undergo the rigor of extensive extractions.

The specialty of periodontia is probably the only specialty in medicine which restricts its operations to the treatment of symptoms rather than causes. The true specialty of the treatment of pyorrhea should include practically every operation in dentistry, for unless the occlusion is balanced, proximal contacts restored, edentulous spaces filled, and periapical disease controlled, the very things which produced the pyorrhea in the first place will continue to persist and inevitably result in a re-establishment of the disease.

The restoration of the gums to a normal, healthy appearance is often mistakenly accepted as an evidence that pyorrhea has been cured. It cannot be stressed too often that pyorrhea is a disease not of the teeth, nor of the gums, but of the alveolar bone and its nutritive membranes, the periosteum and pericementum. Before the disease can be said to be cured, the hard bone margins of the tooth socket and alveolar crest must be demonstrated by means of the X-ray.

Dr. Crane:

FLAP-OPERATIONS

About the year 1918, Zentler of New York introduced a technic for the surgical treatment of pyorrhea by means of the flap operation, which he had brought back from Germany. This consisted of making two incisions parallel to the roots of the teeth at each end of the area to be treated. Separating the facial periosteum from the lingual by cutting through the interproximal papillæ, a flap was dissected away toward the apex of the teeth far enough to expose all the diseased tissues.

With the flap held back, the debris about the teeth, as well as the softened bone and granulation tissue, were thoroughly curetted away. The exposed parts of the roots were then polished and the flap brought back into position and tightly sutured. Dependence was placed upon the organization of the blood clot to form a new stroma of connective tissue where the pocket previously existed. This operation met with a favorable reception in America, but was only used for the most part in the treatment of very limited areas. It was necessary to institute some vigorous method of packing the gums back against the operated area for a considerable period of time following such operations, in order that the excess tissue might shrink enough to eliminate the operative pocket which still existed. Some operators, in order to avoid this necessity, reduced the length of the gum flap before suturing it, and thus secured a prompter and more efficient elimination of the pocket.

Kirkland, at a subsequent period, introduced a modified flap operation which was more applicable to extensive areas. His modification consisted in brief, of eliminating the horizontal incisions and incising enough of the interproximal papillæ so that long flaps of the facial or lingual gums could be dissected back far enough to expose the diseased area without undue tension on the tissues. These flaps are then held apart with a clamp and the pathological tissue removed with curettes and small scissors. The field is then washed out and dried so that the exposed roots and diseased bone may be thoroughly cleaned and smoothed. The flaps are then allowed to drop into place and are sutured through the interproximal spaces. The operated field is then treated for several minutes by the application of hot packs directly to the gums, after which the tissues are thoroughly dried and melted wax is painted over the field of the operation with a camel's hair brush. The formula for the wax is three parts bees-wax, one part of sticky wax. Wax is left on for about five days, being renewed from time to time, if necessary, after which the sutures are removed and the program of packing the gums back begins. This is done by the use of the tooth-brush, tape, and round, hard, wood toothpicks.

The flap operation of the Zentler type is occasionally indicated in isolated complex pockets which have deeply destroyed the tissue in the interproximal space, without having progressed either on the facial or lingual aspects of the tooth. By through and through suturing, the tissue may be drawn into the interproximal area, eliminating to a considerable extent the dead space, and resulting in considerable improvement in the sanitary condition.

It is almost impossible by any means to entirely eliminate these interproximal complex pockets unless the entire diseased area of the root is exposed and left exposed. A number of authorities have recommended the simple V-shaped excision of all the overlying gum tissue and packing of the resultant wound with some type of medicated gauze, and in the posterior teeth this certainly seems to be a simpler and more universally effective method. In the anterior teeth where the lip line is very high, exposing considerable amount of gum tissue, it may be wise at times to try the Zentler-operation, but only where the conditions previously stated of the pocket being confined to the interproximal area is under treatment.

The Kirkland operation appears to present a definite indication for its use in certain cases where, through prolonged sub-gingival periodontic treatment and good home care, the gum margins have been packed well back and are well cornified, but the radiogram still shows a rarefaction of the alveolar septa. In such cases, by exposing the field by the Kirkland technic, it will be possible to eliminate the disintegrated bone, and it will generally be found that as a result of the previous treatment, hard bone will be found just under the disintegrated layer. This hard bone is the normal defensive reaction to which attention has previously been called. Following the suturing in such cases, especial attention should be paid to the use of the tooth picks or some other method of packing back the interproximal papilla.

Dr. Crane:

TOOTHBRUSH TECHNIC

The gingivæ everywhere are covered with stratified squamous epithelium. This surface tissue is supported by an underlying network of connective tissue which constitutes the body of the gums. The free-gingival fibers of the pericementum act as a supporting structure for the gingival margins and interdental papillæ. The health of the gingiva is dependent upon adequate blood supply and circulation, elasticity of connective tissue, and many layers of epithelium which are covered by a thick hornified layer of cells. The more layers of epithelium and the thicker the hornification, the less susceptible the gingival tissues are to injuries from traumatism, and when a break in the surface does occur, it heals up more promptly. It is a plausible speculation that the structure of the gum tissue was devised by nature, not only to receive, but to be kept in health by the impingement of tough fibrous foods against such portions of the tissue as were not protected by the natural anatomy of the teeth. Wherever people have had their main sustenance from soft food requiring but little mastication, lack of tone in the gingiva has been widespread. Among people whose dietary selection required vigorous use of the teeth, the marginal gingivæ have remained more free from disease.

Many years ago, Doctor J. Foster Flagg, as was the custom in those days, inserted his advertisement in the local paper, stating his qualifications to practice dentistry and advertising for sale a "tooth and gum brush." So far as our observation of the literature in the meantime up until the last few years is concerned, this is the last mention of a gum brush. Yet, it is a fact capable of demonstration that it is utterly impossible to properly brush the gums without incidentally cleaning the teeth. It would be an impressive thing if dentists in general would drop the name of toothbrush and substitute the name gum brush.

There have been many theories in regard to the proper method of stimulating the gums by use of the brush, most of which have predicated upon a misunderstanding of the fundamental requirements for health in these tissues.

For many years it was taught that the upper gums must only be brushed down and lower gums must only be brushed up, the idea being that in such a massage the gum margins would be drawn higher up upon the necks of the teeth. When one considers the effect upon the scarf skin surrounding the fingernails of vigorous brushing in every direction, the fallacy of trying to make the gum margins grow by brushing them in the direction of the crowns is apparent, because by the rough usage to which the scarf skin is subjected, the cuticle grows down over the nail and must be continuously pushed back. Furthermore, it is a well recognized fact that continuous pounding or rough usage of the soles of the feet or the palms of the hands, which are covered by exactly the same type of tissue as the gingiva, results in a thickening and outward growth of these parts; therefore, it would seem that the gum margins would also respond in the same way to any method of daily oral hygiene which tends to pack the gums back.

Excellent methods of cleaning the teeth and massaging the gums have been advanced by Charters, Stillman, Fones, Merritt, and Hirshfield. Any of these methods, if faithfully followed, will have a tendency to increase the hornification of the gums, thicken the layers of epithelium, and stimulate the circulation. The method which we advocate is as follows: A brush consisting of two rows of widely separated bristle tufts not more than an inch and a quarter in length, having long bristles of practically even length. This type of brush is manufactured and sold under various names, the most well known being, the Owens and Doctor Butler. It is better to get a stiff brush with unbleached bristles, as these last a little longer. It is a good plan to have the patient buy two or three brushes at a time and use them alternately in order that the bristle stiffness may be retained as long as possible. Brushes which have been used long enough to cause a matting of the end of the bristle tufts should be discarded. The brush may be kept comparatively sterile by washing it and rubbing it over a cake of soap after use.

Any system of cleaning the teeth should be followed out in a systematic manner, routinely doing one thing after another until the operation is complete. The brush is covered thickly with a good, soapy tooth paste and introduced into the mouth with the bristles pointing upward to the left upper molar region, with the handle parallel with the occlusal line. The bristles are then turned against the gum as far up in the cul-de-sac as possible and pressed against the tissues until all of the bristles are

under tension. The position of the bristles should be similar to the bristles of a broom when doing heavy sweeping. Holding this bristle tension on the gums, the brush is given a shimmying motion forward and back, attempting at the same time not to drag the bristles forward and back, but to keep the bristles as nearly as possible at the point of original impact. While this movement is going on, the body of the brush is gradually drawn down toward the interproximal spaces until the bristles are felt to be penetrating between the teeth. Still maintaining the curvature of the bristles against the tissues, the brush is now shimmed with upward pressure in order to pack back the interproximal gingivæ. The handle of the brush is then rotated in such a manner as to sweep off the buccal surfaces of the teeth. This technic is repeated in the bicuspid region and in the left incisor region, and then in the same manner and sequence on the right side of the upper teeth, and the left side of the lower and the right side of the lower teeth. The brush is again covered with the soapy toothpaste and introduced into the left side of the mouth in the molar region with the bristles at right angles to the buccal surfaces of the upper teeth. With a wide circular movement, the brush is now brought to the central incisor region, and then the circle is reversed and the brush carried back to the molar region. This is repeated on the other sections of the mouth. More paste is put on the brush and the mouth is opened and the brush is inserted to the upper molar region with the bristles pointed upward above the molar teeth. The handle of the brush must be in close contact with the central incisor teeth in order that the head of the brush may be kept in a position parallel to the gingival margins. The bristle tension, shimmy, and pack against the interdental papilla and sweep over the teeth is repeated in the same manner as described for the buccal surfaces. This technic is repeated in the bicuspid and molar regions of each jaw. The anterior teeth, because of their curvature, do not permit of the use of the brush in this manner on the lingual surfaces, so it is necessary to insert the brush in the upper jaw pointing toward the throat until about one-third of the bristles are in line with the incisal surfaces of the upper centrals. The brush is then carried upward until stopped by the impact of the incisal edges against the brush base. The handle of the brush is then turned downward toward the chin. This has the effect of putting the bristles under tension and curving them against the gum. A shimmying motion carries the bristles into the interproximal spaces where a backward pressure is exerted against the interdental papilla, and then the lingual surfaces are swept by the brush as it is drawn out of the mouth. This is repeated on all the lingual surfaces of the upper and lower anterior teeth, except that in the lower, the bristles are pointed downward and the handle of the brush is brought up toward the nose. More paste is put on the brush and, holding it at an angle of about 45 degrees to the axial line of the molar teeth with the bristles against the teeth, the brush is carried by a circular motion completely around the lingual gingivæ, and then the circular motion is reversed and the brush is carried back to the opposite molar region. With the mouth almost closed, the brush, with the bristles toward the teeth, is introduced into the retramolar space and the distal surfaces of the last molars are brushed against the gingival margin. A few sweeps over the occlusal

surfaces of the teeth in both jaws will be all that is necessary to complete a very efficient and beneficial home care of the mouth. This technic should require from three to five minutes, and it is a good plan at first to have the patient buy a little sand glass, which is sold in most department stores for timing three-minute eggs, and instruct them to turn this glass so that the sand will run through, and not to discontinue the brushing until it has run completely through at least once. Twice daily is sufficient in ordinary cases.

In addition to the use of the toothbrush, it is quite beneficial to use smooth, round toothpicks in the interproximal spaces. The toothpick should be stuck in the tooth paste and then placed gently through the interproximal space and then rolled from side to side with pressure toward the apex of the tooth.

In cases of unusual irregularity of the teeth, special methods of using the brush so as to reach all of the gingival margins should be worked out by the dentist. It is a wise thing, in any event, to have the patient bring in his toothbrush and clean his teeth under your observation in order that you may correct any errors in his conception of the technic.

In some cases where the gingival margin appears to have a tendency to remain soft in spite of proper use of toothbrush and toothpick technic, it is often beneficial to have the patient purchase a Young massage instrument, such as is used in the Vastine technic. This cup should be filled with tooth paste and be used successively about the gingival margin of all of the teeth.

The use of floss silk should not be necessary, provided the proximal contacts are correct, and the technic just described is used in brushing the teeth. In rare instances, however, there may be areas in the mouth where food packs will require the use of the silk after eating. The patient should be instructed in the method of inserting the floss so as to avoid a sudden snapping down into the gingival crevice.

Mouth washes are rarely necessary in mouths that receive adequate brush usage, and where one is indicated a slightly hypertonic salt solution will accomplish everything that can be expected of this agency.

President Edwards:

That is all for tonight. Let's all be down here on time in the morning.

The meeting adjourned at 10:55 o'clock p.m., Monday, June 17, 1935.

SECOND DAY—TUESDAY, JUNE 18, 1935

MORNING SESSION

The meeting was called to order at 9:45 o'clock a.m., by Dr. Linus M. Edwards, President.

President Edwards:

We will come to order. Dr. Pridgen has a few messages to read.

Secretary Pridgen:

A telegram from Dr. F. M. Casto, President of the A. D. A.: "May I commend you upon character of Bulletin and congratulate you on excellence of program. Please convey cordial greetings from the officers, tustees and members of the American Dental Association to the members and guests of the North Carolina Dental Society. Wishing you a successful meeting and trusting that your membership not only reaches but exceeds its quota, I am with kind regards."

A telegram from Dr. C. A. Nelson, President of the Wisconsin State Dental Society: "The Wisconsin State Dental Society and the Milwaukee County Dental Society have unanimously voted to invite the A. D. A. to Milwaukee for 1936. May we have your support. Best wishes for a successful meeting."

A telegram: "We the members of the Oral Hygiene Department of North Carolina State Board of Health having received appointment at Forsythe Dental Infirmary for Children, Boston, Massachusetts, being unable to attend State meeting now in session, do hereby send greetings and best wishes for a successful meeting." Drs. G. McKaughan, A. D. Underwood, C. W. Stevens, L. Pringle, D. W. Dudley, A. H. Cash, R. E. Masten, Woodard.

Telegram: "Greetings and best wishes for a successful meeting from Virginia State Dental Association. Invite your members to attend our meeting, Hot Springs, July 1, 2, and 3." Signed by Virginia State Dental Association, A. M. Wash, Secretary.

President Edwards:

I would like to recognize Dr. Shipp, of Atlanta, Dr. W. T. McCall, and Dr. Guy Harrison, Dr. Harry Bear, of Richmond, Va. (Applause.)

Is Dr. Wheeler in the room?

Dr. J. H. Wheeler, Greensboro:

I want to call a meeting of the Resolutions Committee this morning at 11:30. We will meet at the extreme end of the hall. This is a most important meeting. We have a very interesting matter to bring before the House of Delegates just as soon as we get it finished. We have a resolution tabled from last year concerning the A. D. A. that must be passed on. If we can't get a quorum, we are going to pass on it anyway, if there is nobody there but me. This matter needs your thought and attention.

To you people of the Second District, who passed a resolution relative to the licensing of Dental Laboratory Technicians. That resolution was sent to Secretaries of all of the Districts but we have no definite resolution before the Resolutions Committee. If you want that brought before the House of Delegates in the form of a resolution, someone from the Second District should submit a resolution.

All of you fellows who have resolutions you want brought before the House of Delegates, let us have them by 11:30. Hand them to any of us. I would like to get them before the meeting today.

Secretary Pridgen made an announcement concerning the banquet.

President Edwards:

Dr. Claude Hughes, of Atlanta, has come in. I would like to recognize him. (Applause.)

Dr. Claude Hughes, Atlanta:

I am usually recognized as a member of the North Carolina Dental Society.

President Edwards:

We all know that! I will ask Dr. Neal Sheffield to introduce our speaker for the morning at this time:

Dr. N. Sheffield, Greensboro:

Mr. President, members of the North Carolina Dental Society: I am very happy this morning to have the privilege of presenting our guest speaker. Three years ago the Third District Society was very fortunate in securing him, and since that time there has been a constant demand for Dr. Jaffe to appear on our State program. Two years ago there was a conflict which arose and he was not able to be with us. The Program Committee kept at work, and this year they have been successful. A lot of you men have heard Dr. Jaffe in our Third District. To those who have heard Dr. Jaffe I need say nothing by way of introduction. You know him already. To those of you who have not been able to hear him, I want to say that he is considered one of the outstanding prosthetic specialists in the country. Without further introduction, it gives me great pleasure to present to you Dr. Sidney S. Jaffe, of Washington, D. C. (Applause.)

Dr. Sidney S. Jaffe, Washington, D. C.:

Mr. President, Members of the North Carolina Dental Society, and friends:

It is very hard to talk after an introduction like that. It is not true, but I like to hear it just the same. (Laughter.)

FLAT LOWER DENTURES

Stability and retention of lower dentures has been one of the most difficult problems the profession has been called upon to solve. When the lower mandible has a fairly good ridge, I feel that I cannot improve on the technique given in my article on "Full Dentures" in the Dental Digest for January, 1933, and I am still using the same in my practice. But when the lower jaw has undergone such marked absorption that the lost ridge of the alveolus is represented by a groove between the bulging soft tissues of the cheek and the floor of the mouth, the technique just described will not be of much value in such cases. Of course, the same principles as in normal cases hold good, but their application is different. We must depend more on the third factor for stabilization of the lower denture, one which has been woefully neglected by our profession. Let me make myself clearer. For the last twenty years you have heard a great deal about solving your denture problems by perfecting your impression techniques, which we will call the first factor; and thanks to the untiring efforts of many men in our profession this factor has been fairly well solved. So I am sure that the impression surface presents no great difficulty to many of you. An equal amount of attention has been given to the balanced occlusion theory, which we will call the second factor, without the proper application of which any denture would be a failure. But the curious fact emerges that the remaining surfaces which fit, or should fit, the cheek, the lip, and the tongue have hardly been dealt with at all. We should all be grateful to Dr. Wilfred Fish of England for calling our attention to it, and while I don't agree with him on his method of impression taking or his views on occlusion, I am more than indebted to him for his principle of utilizing the muscle for retention and calling our attention to what he calls the Third Factor in denture retention. For by properly modeling these surfaces we can utilize the buccinator, orbicularis oris, and the muscles of the tongue in stabilizing our lower denture.

I am further of the opinion that if I will succeed in clarifying the principles I am driving at it will scarcely be necessary for me to give you a definite technique to execute it, for it will appear that these principles of stability can be applied to any of the recognized methods of denture construction, and even to dentures which already have been worn. I don't pretend to offer a complete solution, but it is hoped that the line of approach is sound and will lead to a more scientific and more teachable knowledge of the principles of stability in lower denture prosthesis.

I have adhered to this principle for the last four years, and I hope it will not be construed as a boast that by carefully modeling these surfaces it has been possible to produce just as satisfactory dentures as in cases where there was a good ridge.

Taking the three surfaces separately of a denture for a flat lower jaw, the impression surface is so slight—only a thin line of solid tissue all round—that all the more care must be taken with the third surface which encroaches upon it almost to the point of obliteration. This is necessary, since the impression surface offers no bar to lateral slip and the denture is held in place entirely by the tongue and muscles of the cheek and lip. Unless these muscles can be made to hold in place the denture on a flat lower jaw while mastication is going on and keeps it from floating when at rest, the chances of being successful with our work is doubtful. In other words, we must make the denture fit the tongue, the cheek and the lips in such a manner that the muscles may grasp the denture securely and hold it in place at all times; or, in other words, we must fashion the buccal, labial and lingual surfaces of the denture not to interfere with the muscular movements, and present inclined plane on which the muscles can act to press the denture down into place all the time to prevent it from moving sidewise or lifting up.

By refreshing our memory as to the anatomy of the oral cavity, particularly of the tongue and cheek, and more than that, to learn what the muscles which form this structure do when the patient is eating, we can more intelligently apply the principles we are so concerned about. I will give only a simple outline of the main features of these muscles for our present purpose. The essential feature of the musculature of the cheek and lips is a point where eight muscles meet at the corner of the mouth. This meeting place is called in Latin the *modiolus*. Perhaps the most important muscles of this group are the buccinator and the orbicularis oris. These two muscles antagonize each other in their action. The buccinator takes its origin from a curved line which starts above the molar teeth in the maxilla and runs down along the mandible below the lower molar teeth, and the front fibers converge on to the *modiolus*. The buccinator is thus fixed at both ends, so that when it contracts it merely bulges up in the middle and pushes a pad or hump against the molar teeth, or, if they are open, between them. This is the pad which opposes the tongue in holding food in place between the molars. It is this muscle hump which can be made to press on a properly modeled flange of a lower denture, and may even be so strong that one cannot pull the denture out until the patient relaxes and lets it go. Dr. Fish gives an example of a small round onion which has been bitten in half, one-half will push out into the cheek, and the other half in, onto the tongue. The inner half will be pushed back between the teeth and rebitten, but the outer half will slip down into a pouch under the buccinator and lie there, not interfering in the least with the action of the middle fibers of the buccinator in holding the rest of the onion still while it is being chewed. It is this pouch under the buccinator which is to accommodate the flange on the lower denture. This can also be demonstrated by giving a small boy a piece of hard candy and following it up with a piece of cake. The candy will be parked, so to speak, in the pouch while the cake will be eaten with the aid of the middle fibers of the buccinator. Coming back to the *modiolus*, which is the muscles at the corner of the mouth, every time the buccinator contracts or the orbicularis comes into action the *modiolus* becomes fixed. Now, since this humping up of the buccinator muscles takes place every time we chew, and since the *modiolus* becomes fixed every time the buccinator

contracts, it is necessary to examine the anatomy of the *M. cruciati modiolii*, which fixes the modiolus, and discuss its relation to a lower denture. This X-shaped muscle consists really of three muscles, *M. zygomaticus*, *M. caninus*, and *M. triangularis*. The middle part of the junction of these muscles form a V-shaped strap. If, therefore, the arch of the lower denture is too wide in the bicuspid area, it will be squeezed in by this V-shaped muscle band and will shoot up out of place. This is a serious menace to the stability of a lower denture, perhaps its most serious menace. While I have suggested that a lower denture must have wide flanges in the molar region to fit in the buccinator pouch, it must be kept in mind that as we approach the bicuspid region there must be a very sudden narrowing of the lower denture to escape a collision with the modiolus. Not only must there be no flange as in the molar region, but also the lower bicuspids must be set in close on the ridge. A mere notch in the edge of the plate is not enough, the arch formed by the teeth on the denture must be narrowed in. It is the whole outer surface of the denture which must be trimmed to the muscle, not the edge of the base only.

Another thing of importance in a mandible which shows marked absorption is to place the lower anterior teeth well inside the ridge and not on it, and the more the jaw has resorbed the more the teeth must be set inside of it to preserve the labial contour as presented to the orbicularis oris and the modiolus. So much for the buccal and labial aspects of the denture. The lingual side of the denture should curl back under the tongue and provide posterior lingual rests. This should be easy to accomplish in a resorbed case, since its edge is too low to run any risk of its being caught by the tongue and pushed forward.

To summarize, a lower denture which is unstable: (1) If it had too wide an arch in the bicuspid region, in which case it would be lifted by the corner of the mouth (the modiolus). (2) If the incisors were set out too far, so that they would be lifted by the lower lip, and the orbicularis oris could not have enough of a seat for itself. (3) If the molars overhung the tongue, in which case the back of the denture would be lifted every time the tongue moved. (4) If the buccal and lingual surfaces of the denture in the molar region were parallel, so that the tongue and the buccinator could not grip the plate and hold it down in closing.

I want to say a word of caution on the exact placement of the buccal flange under the buccinator pouch in an absorbed case. The way to determine the posterior of the buccal flange theoretically can be seen in a special slide I have of it. The dotted line illustrates the mucous membrane of the cheek and the floor of the mouth as it is now. Attached to the concave upper surface of what remains of the bone M at the center of the groove. Let us now build upon it in imagination the ridge as it used to be soon after the teeth were extracted, by adding the shaded area A. Finally add a denture D on top of the new ridge. We can now replace most of the shaded area A which we built up in imagination with vulcanite. Add it to the denture D and we get the outline of a cross-section in the first molar region of the sort of denture the patient can wear—the required denture being $D + A$.

It will be seen that the buccal flange is in exactly the same relation to the buccinator as it was in a normal patient, though not in the same

relation to the jaw. To formulate a rule, one would say that the buccal flange is always at the same distance down from the occlusal surface for a given patient, no matter how much further the jaw has absorbed.

President Edwards:

We want to thank Dr. Jaffe for his lecture. We will now have Drs. Crane and Kaplan continue their lecture on Pyorrhea Alveolaris.

BALANCING OCCLUSION

Dr. Crane:

We are going to take up now the subject of occlusion as it affects the question of pyorrhea alveolaris. I spoke a little about occlusion when I was speaking on the anatomy of the teeth. Dr. Kaplan showed you the eruption of the teeth, and I think the fact that they erupt has been recognized since the beginning of time, but until recently it was supposed that the eruption of teeth was completed at the time the antagonizing upper and lower teeth came into occlusion. Recent work by Gottlieb has proven beyond any question this process of eruption of the teeth goes on continuously throughout life and, as the occluding surfaces of the teeth wear down from mastication, the teeth continue to erupt to compensate for the tooth loss. This occlusal wear has the effect of not only permitting the continuous eruption of the teeth, but it must become evident to you that as this wear on the occlusal surfaces of the teeth becomes marked enough, the position of the proximal contact point is changed. It becomes relatively closer to the point of impact of the food. The result of this, taken in conjunction with the recession of the gum and the creeping up of the soft tissue attachment on the cementum, is to make a very much accentuated lingual and buccal sulcus between the teeth. That brings with it the beginning of the impaction of food. In other words, the marginal ridges and the contact points having been destroyed as to their efficiency and the sulci having been widened, it makes a favorable place for the packing of food, and that, in turn, causes an irritation of the gingival margins with a reduction in their resistance, and pyorrhea is very apt to supervene.

Take a tooth and put a regulating appliance on it or use a partial denture which acts as a regulating appliance to move a tooth, if there is no infection present in the supporting structures, the effect of that movement is to absorb the bone on the side of the tooth in the direction it is being moved, and at the same time new bone is built on the side from which the tooth is moving. This movement of teeth takes place continuously throughout life as a tooth erupts to compensate for occlusal wear. The bone is built up and accommodates the socket to the new position of the root. That explains in a large extent why it is that not every irregular occlusion results in pyorrhea.

Dr. Waugh, of New York, who is a well known orthodontist, but who has had many of the other problems of dentistry to interest him, has made, in his quite long practice, articulated models of each patient's teeth where he thought the occlusion was very nearly normal, and he has mounted those on anatomical articulators and has never found one pair on the anatomical articulator ideally balanced. Therefore, it is

open to question if there is in Nature any such thing as an ideally balanced occlusion, but the human being is adaptable to his environment in all kinds of life, and he very soon subconsciously learns to avoid things that are unpleasant in order to protect himself against the grief of submitting to them. When an individual has teeth which are not properly balanced in all of the various excursions of the mandible, he soon learns to limit the excursions of his mandible to such movements as will be comfortable. If you are making full upper and lower dentures, you set your teeth up on an anatomical articulator and grind them into an ideally balanced occlusion for each excursion of the mandible. But that is not necessary with the natural teeth because, especially when a patient gets to the age where it is necessary to balance his occlusion, he has so thoroughly accommodated himself to a certain limited path he does not have any difficulty at all in masticating in some place or places in his mouth. If you go into a lunch-room and just sit for a while and look around at the people eating, you will find almost without exception these individuals are putting their food in one particular part of the mouth, and they do all the chewing on one side. As far as the teeth on the opposite side are concerned, they might as well be in another mouth. We have to bear all those things in mind when talking about balancing occlusion. More harm than good is done by techniques which have not taken these things into consideration. It is of no use to grind away a lot of tooth substance to try and balance an occlusion if the patient never uses the teeth in that place or in that excursion. I will try to show you later how to find out what are the natural excursions of the mandible and the limitations of the natural excursions of the mandible so you can tell which teeth you need to balance.

When you come to figure out the aspects of pyorrhea, you will find it constitutes a vicious cycle. A tooth wears, which means it moves farther into the mouth than it was before, and the effect of that is that the tooth next to it has a changed relationship in the occlusion, and then that tooth wears. You are all familiar with the result of premature extraction of the lower first molar, how the teeth will move, and from just the extraction of that one tooth, the whole occlusion will become upset. The point I am trying to emphasize is that you are not going to look for ideals when you try to balance occlusions. You are going to work as near as you can to the practical.

The first thing to do when you are studying a mouth with the idea of balancing the occlusion is to determine which teeth are really in traumatic occlusion, and, in order that you may go into that a little more closely, let's get a definition of traumatic occlusion. Traumatic occlusion is an overload on the tooth root, on the supporting structures in directions in which there is no compensation in the principal fibres of the pericementum. If you put a rubber band in the interproximal space so as to force the two teeth apart, the effect is to compress the pericementum on one side while it stretches it on the other side. That constitutes an overload, and that is the way an occlusal overload acts. If in an habitual occlusion the lower cuspid rocks outward on the upper cuspid continuously, it has the tendency to compress the labial side of the pericementum when it stretches the lingual side of the pericementum.

We have various types of overload: Vertical, horizontal, and rotary types. The vertical type is indicated by side movements, and as the jaw moves to lateral position there is cuspal interference, which has the effect of rocking certain teeth. The horizontal overload, which is caused by unequal wear in the occlusal surfaces or by the dental restorations which do not follow out and reproduce the normal anatomy of the teeth, produces constant pounding downward on the tooth and the socket. We have the rotary overloads, which are twisting movements, particularly marked in the upper laterals and cuspids. When the tooth is in its socket in normal position, it is just like you were lying in a hammock and I could come and push on your body at any given point and your body would rock gently in the hammock. When the normal load of mastication is put on the tooth, it pushes it down, compressing the lymph channels and blood vessels, and when the load is removed and the tooth goes back to its natural position, there is an influx of the blood and serum into that portion. That is like a massage and normal occlusal stresses are not only very beneficial, but very necessary to the continued health of the tooth.

What is meant by balanced occlusion, and how can it be procured? Balanced occlusion means a harmony of occlusion, so that the mandible may be moved in any of its habitual excursions without any one tooth interfering with another. In other words, the teeth must glide over each other just as teeth in one gear wheel of an automobile will glide over the teeth in the other. You can figure out what might take place in your watch if one of the gear wheels had a tooth just a little bit bigger than the other teeth. The watch would not keep time, and would probably go to pieces. The teeth are the same way. We have to have a harmony of occlusion. That is what we mean by a balanced occlusion.

There are certain factors which enter into a normal occlusion becoming traumatized, or what we call traumatic occlusion, other than overloads on the teeth. The principal thing of that kind is the resistance of the supporting tissues. You can take a nail and drive it a half-inch into a soft pine board and pull it out with your fingers. You can drive it a half inch into mahogany or hickory and you have to get the hammer to pull it out. The same thing is true about the supporting bone around the teeth. If that bone is of dense enough consistency to withstand the usual stresses of mastication, traumatisms may never develop. But if the bone is of the other type, so that it gives way readily to pressure, then you will probably develop traumatic occlusion.

The question of balancing occlusion should be decided solely as a therapeutic measure. I do not want anybody who hears my voice to go out and say Dr. Crane advocates balancing of occlusion as a prophylactic measure, because I do not. If you started in tomorrow to balance the occlusion of every patient that comes into your office, you would never get anything else done, because every patient who came in, in order to have an ideally balanced occlusion, would require a considerable amount of work, but if you use it as a therapeutic measure, only if you consider occlusal traumatisms are developing, and go at it in a conservative manner, not trying to accomplish ideals but trying to relieve these abnormal stresses that have developed, you may do your patient a great deal of good, and find that it is a very satisfactory thing to know how to do.

Stillman and Box have expressed the importance of these occlusal traumatisms, and I believe they are almost convinced they are primary factors in all cases of pyorrhea. We cannot follow them quite that far, because we believe no matter what type of pyorrhea pocket starts first, whether it is the simplex type coming from marginal irritations or whether it is a complex type coming from occlusal traumatisms, sooner or later all of these pockets take on the aspects of both. If it starts as a simplex pocket, the inflammation of the pericementum causes some traumatic occlusion, and it develops complex symptoms, or *vice versa*.

There is no method of treating pyorrhea that can be carried to a successful conclusion, however, if the teeth are left out of balance. It would do very little good to restore the gingival attachments and to eliminate the pathological conditions around the teeth if you are going to leave the very thing which caused the injury and resulting pyorrhea in the first place. The matter I am presenting to you now is not necessarily confined to therapeutics following surgical operation, but in any type of pyorrhea treatment it must be considered. If you stop to consider for a minute that probably one of the most difficult things in carpentry is to make a mitred joint, and that the most expert carpenter may be able to take a piece of wood and cut it with a saw so it will be perfect, yet most of them use a mitre box because they have not the confidence and ability to cut that piece of wood at just the proper angle so the other piece will mitre against it. When you consider you have in the mouth a very large number of cusps, inclined planes, that must mitre together with the cusps or inclined planes of the opposite jaw, you are going to kid yourself a lot if you think that you are skillful enough with a stone and unaided use of your eye to grind that infinity of planes so all mitre perfectly at the same time without interference to each other. The best you can do in the balancing of occlusion is very crude, because of the fact that these differently inclined planes at different lengths and angles must glide over each other as harmoniously as possible, with the mandible moving in at least five different excursions. But because we cannot do this thing as an ideal is no reason why we cannot do it well enough to aid Nature in her repair work, and to make it more difficult for disease to continue.

The most important position of the teeth, in so far as occlusal traumatisms are concerned, is the centric relationship, because, after all, during most of the time that the teeth are in contact, they are in centric relationship. Centric relationship is not a position of rest, because when the teeth are in centric relationship, and your mouth is closed, every few minutes with the tongue placed against the roof of the mouth you swallow, and you cannot do that without tightening the muscles of mastication and putting pressure on all of those teeth. There is intermittently, while the teeth are in contact and the mouth closed, a compression of all of the teeth in their sockets. If there are teeth in centric relationship which are a little bit longer than they should be, even the thickness of a piece of tissue paper, you can see how that particular tooth will undergo occlusal stress or overload, which will eventually develop into a traumatism.

Some years ago I had a patient come into my office to see if I could do anything for her pyorrhea condition. She was from New York City, and in some way or other she had heard about the work I was doing

and came to Washington to see me. She was a quite wealthy woman and had a fairly full complement of teeth in her mouth. She came in and said, "Doctor, I just cannot chew." I put her in the chair and instructed her to place her teeth together. She tried, but the best she could do in any position was to bring two or three teeth together. I asked if they had not been ground. She said, "Yes, they have. I went for four years to Dr.," and mentioned the name of one of the most prominent periodontists in New York City, and then said, "I went to him every three months. He ground a little bit off my teeth until he finally got them so I cannot chew at all. I thought I was not getting everything I should from him. Then I went to another periodontist. He looked in my mouth and said he could not do anything for my pyorrhea until my bite was raised." She said it struck her as a racket and that they were all interested in getting her money, while she was interested in getting her pyorrhea cured and having the teeth function so that she could chew the ordinary foods. If I should mention the names of those two men in New York City, you would all recognize them as outstanding periodontists. Yet, the subject of balancing of occlusion is so little understood that even they failed on a thing which a little fundamental thought, it seems to me, would have made quite simple.

The reason in this case, and in so many cases, that the attempt to balance occlusions results in worse conditions than existed prior to the attempt is that the idea seems to have slipped by, that the point of traumatism is the point at which the teeth first come together. When the jaws are finally brought tightly together, the teeth have moved. If you stop to think a minute you will see the point of traumatism is the point at which teeth first come together as the mouth is very slowly closed. As the mouth is closed, the cusp of one tooth hits against the cusp of the other, and after the jaws are closed, one or the other, or perhaps both teeth move out of position. If you have the patient close the mouth on carbon paper, the darkest spot will be at the point of contact with the jaws finally closed, but you can see the traumatic occlusion is the point at which the tooth first starts to move. By the time the tooth reaches the darkest spot, the traumatic effect is over.

The first step in balancing occlusion is to have your patient close his jaw very slowly in centric relationship, and study each individual tooth and try to find the very initial point at which the cusps of the teeth come in contact. Then relieve those points until the patient can eventually bring his jaws tightly together and bring all of the teeth into simultaneous central occlusion without having teeth here and there move out of the way.

When the teeth can be brought into centric contact without discernable individual tooth movement, carbon paper may be used to mark inequalities which develop under occlusal stress, but never until the primary contacts which are out of harmony have been relieved, for it is obvious that the carbon will make the heaviest marks, not on the areas where the traumatism begins to move the tooth, but on areas in contact after the tooth has been deflected from its rest position. With strips of carbon paper placed in such a manner as to cover the complete arch, the jaw should be closed in centric occlusion and the patient instructed to make rhythmic contractions of the masseter muscles, thus bringing

equal stress on all of the teeth. While this is being done, each maxillary tooth should be individually and systematically palpated, and those which exhibit movement should be noted. When the carbon paper is removed, the darkest spots on teeth on which movement has been noted should be slightly further relieved.

The tactile sense of the pericementum is exquisite, and intelligent patients may be depended upon to indicate teeth which are receiving too much pressure under stress or rhythmic contraction of the masseter muscles. The attention should be confined entirely to the centric relationship until there is no perceptible lack of harmony, even under stress, and thereafter no grinding should be done which will create an absence of occlusion between any of the teeth while the mouth is in a rest position.

It is of the greatest importance to the permanency of the result that the curve of Spee should be restored to the greatest degree possible. The method of insuring this result is to do practically all of the grinding on the cusps of the lower bicuspid and mesial third of the lower first molars and on the cusps of the upper molars. In practically no case should the upper bicuspid or lower molars be ground if occlusion can be balanced without doing so.

The protruded or incisal bite must next be studied, being careful that the degree of protrusion does not exceed that habitually employed. A satisfactory method of determining the anterior limit of the lower incisors is to have the patient bite off a piece of ordinary base plate wax, holding the teeth in the position at which they first come together. It is a mistaken excess of zeal to try to adjust the bite to an anterior protrusion beyond this point. While the anterior teeth are still held together at the habitual biting point thus recorded, the relationship of the molar teeth on each side should be observed. The ideal condition would be a simultaneous occlusion of the molars and incisors in this protruded position, but most frequently it will be found that the posterior teeth are separated while the anterior teeth are absorbing all the impact. It becomes necessary in such cases to grind the anteriors enough to permit some molar contact on each side. Any attempt to accomplish this by reducing the incisal surfaces of the lower teeth will result in lack of contact when the teeth resume their centric relationship. It is therefore necessary to do practically all of the grinding on the upper oral teeth.

The first step is to establish an incisal line as esthetic as practicable. When the teeth are again brought into the bite position it will generally be found that this grinding has resulted not only in bringing the molars closer together, but in improvement in the simultaneous contact between the upper and lower incisors. Any upper tooth or teeth which are now preventing simultaneous incisal contact of all the anteriors are further reduced on the incisal edge until they all hit at once. If the molars still fail to occlude, the reduction of the incisal edges of the anterior teeth must be continued until this result is accomplished. It must be understood that this cannot be accomplished in every case, but such a result should be the standard to be aimed at. It is generally practicable to materially shorten the upper anterior teeth, because such reduction compensates for the additional exposure of the teeth at the necks, and

produces a more normal appearance. During this process the occlusion of the molars and bicuspid should be frequently inspected, for it often happens that an excessively long cusp may be preventing a proper closure of the anteriors.

Having balanced the bite for the protruded position, carbon paper should be inserted between the teeth and the jaw should be slid forward and backward from centric to incisal occlusion, palpating each anterior tooth to determine points of excessive contact. When these have been noted, the mouth is opened and the incisal edges of the upper teeth are beveled from lingual to labial at the points shown by the carbon marks. This is repeated until there is no further interference with the incisal edges or cusps.

The next step is the correction of the occlusion in right lateral position. The limitation of this movement should be checked by having the patient bite through a piece of base plate wax held in the first molar region. Bicuspid and molars should be palpated as the patient slides the jaw from centric to right lateral relationship and back. Teeth which are felt to move should have the visible cusp interference relieved, after which carbon paper is inserted and the movement repeated in order that spot grinding may eliminate the remaining cusp interference.

The occlusion is now balanced on the left side in the manner just described for the right. In making these lateral excursions, it will almost always be found that the lingual surface of the upper cuspids are causing considerable interference. These points should be reduced until the lower teeth glide freely to their lateral positions. Sometimes the incisal edges of the upper incisor teeth will also have to be reduced a little on the lingual aspect of the bevel to accommodate this movement.

The next step is to relieve lingual cusp interference on the sides opposite to which the jaw is moved. This is done by spot grinding, inserting the carbon paper on the left side and having the patient slide the mandible to the right side, and *vice versa*.

A piece of stiff base plate wax is warmed and inserted between the teeth and the patient told to bite hard in centric relationship. When this is removed from the mouth and held up to the light, any points of excessive contact can be readily located and relieved. Another piece of wax is now inserted, the patient again biting in centric relationship, and then being instructed to hold the teeth tight together and glide the teeth in the various relationships. The wax is again held to the light and points of excessive contact are noted and relieved.

If the teeth are reasonably tight, carborundum paste may be spread upon the teeth and the patient permitted to chew and grind on the teeth for about five minutes. When this paste is washed out of the mouth, the patient should be asked to try to find, by moving the mandible about, any points which grate or lock, and these should be further relieved.

The final step is to polish all ground surfaces, first with sandpaper and then with cuttlefish disks.

The occlusion should be checked over carefully in about a month, as there is likely to be some slight readjustment in the position of the teeth after grinding which will demand some additional cusp relief here and there in order to avoid the establishment of new occlusal traumas.

Cases balanced by the technic just described will seldom need inspection more often than twice a year, and if the work has been done efficiently, there will rarely be any appreciable change in the occlusal relationships.

Is there any question anyone would like to ask about this?

Member:

What about sensitiveness after all of this grinding?

Dr. Crane:

We do not have very much trouble with that because, as you know, pyorrhea being a chronic disease, goes on very slowly, and the irritation produced by it is very mild, and by the time a patient gets to the point where he has to have this sort of grinding done, he does not complain of a little sensitiveness. You can grind about a third of the incisor without any sensation whatever. I do not recall any case in which we have ground the teeth for the balance of occlusion where the teeth have developed sensitive occlusal surfaces. There probably are cases in which it would happen, and the only way to handle those cases is to grind the tooth until you have reached a sensitive point, and then treat it the same as you would treat sensitive dentine anywhere else, and within a week you can go on and finish the grinding. While this is

Dr. Kaplan:

POSTOPERATIVE RADIOGRAMS

We will next consider several postoperative radiograms. It is very difficult to transfer radiograms to lantern slides, because so much detail is lost. We have the original radiograms with us, however, and you will be welcome to see them after the meeting. (A number of slides were shown.)

Radiograms taken before operation show more or less extensive loss of the cortical bone, outlining the alveolar septum. Postoperative radiograms taken a year or more after the operation will show a complete restoration of this cortical bone. The picture is very similar to the radiographic evidence of normal recession.

Dr. Kaplan:

POSTOPERATIVE APPEARANCES

Many of our patients have a fear that the surgical operation would cause disfiguration. Some of them say that they had rather have the disease and let the teeth last as long as they will than to have their mouths disfigured. In all but the most extensive cases we are able to assure them that such will not be the case. We will let you judge from these slides as to whether the operation is disfiguring. These slides are actual color photographs and have not been retouched in any manner. When you see them you will understand why we have never had a patient express dissatisfaction by way of complaining of any disfigurement after the case was ground and healed. We become somewhat discouraged because so many of the periodontists continue to reiterate that this is a deforming operation. Apparently failing to realize that

it not only changes a condition of disease into a condition of health, and that most often the mouth has a decidedly improved appearance.

(Many colored photographs were shown, taken from one month to seven years after operation.)

All of these slides show a restoration of the normal gum festoon. The tissues look firm and are of a normal pink color. The incisal line has been ground to an esthetic result, and the full-face pictures show that there is nothing obnoxious in appearance.

The early cases show somewhat flattened interdental papillæ, but all cases over a year old show how these have pointed up and reach well toward the crowns of the teeth.

Dr. Kaplan:

POSTOPERATIVE MICROSCOPICAL STUDY

Block sections were taken from a number of cases from immediately upon the completion of the operation to three months after operation. These were decalcified and mounted, as were the pathological specimens. The cases removed immediately showed that all infected and scar tissue had been removed down to the point where normal bone and soft investing tissues alone remained.

In cases where the blocks were removed after healing, it was found that there was a complete regeneration of the epithelial covering of the gum, and by its attachment to the cementum a new gingival crevice had been formed. These new crevices are of the ideal type, being less than one millimeter in depth.

The low magnification of a block removed one month after operation shows the new gingivæ to be perfectly formed and well covered with epithelium. By the attachment of this new epithelium to the cementum a new gingival crevice is established, which, by actual measurement, is .25 mm. in depth.

A section removed from the maxilla three months after operation shows equally good results as to crevice formation. It also shows that a normal cornified layer has developed on the surface of the epithelium in response to the stimulus produced by mastication and massage. Unfortunately this section was so large that a great deal of trouble was experienced with splitting in the process of preparation, however, this accident was fortuitous, because it demonstrated that the new epithelial cells were in actual attachment to the cementum, and that the attachment was sufficiently strong to cause part of the epithelium to adhere to the cementum while the remainder split away with the soft tissues. We thus found that while the healed sections show no evidence of the cuticula dentis that the epithelial cell bodies are organically attached to the cementum, and not simply in close contact with it.

By using special stains, a study was made of the fibrous element in the healed cases. In a section from the block removed three months after operation, it was found that there is not only a regeneration of the superficial fibers of the pericementum, but also a reorganization into free gingival, transseptal, and alveolar crest groups.

Dr. James B. Mann, in reporting the findings of the Army Medical Museum in these cases, said: "The conditions observed in a study of these cases certainly seem to justify the complete removal of all dis-

eased tissue, as the best results that could be hoped for by any other form of treatment would be healing by scar tissue formation." And, "As a result of the above findings, coupled with radiographic evidence and clinical observation over a period of several years, it is believed that it is no longer necessary to be forced to use the term *arrest* when referring to results obtained in the treatment of pyorrhea; but after proper surgical treatment, they can be called 'cured.' As to prevention of recurrence, the factors of correcting traumatic occlusion, faulty restorations, diet, and teaching a patient to properly care for his mouth are all important matters to be considered."

President Edwards:

We stand adjourned until two o'clock.

The meeting adjourned at 12:50 o'clock p.m., Tuesday, June 18, 1935.

SECOND DAY—TUESDAY, JUNE 18, 1935

AFTERNOON SESSION

The meeting was called to order at 2:35 o'clock p.m., by Dr. Linus M. Edwards, President.

President Edwards:

We will now come to order and I will ask Dr. J. A. Sinclair to introduce our speaker.

Dr. J. A. Sinclair, Asheville:

It is a great pleasure to me to introduce our speaker. I have known him a number of years. We have in the National Association a Bureau of Dental Therapeutics, which you all support. You might compare that organization with traffic lights. When the red light is on, you stop; when the yellow light comes on, you proceed with caution; but when the green light is on, you can go ahead with safety. Dr. Gordon is Secretary of this Bureau and has been connected with it a number of years. Those of you who read the Journal know of the exposures he has made. He has told you of what these patented products put on the market consist. He tells you what is in tooth paste and powder, pyorrhea cures, and others. Dr. Gordon shows you what these \$1.50, \$2.00, and \$2.50 preparations consist of. Without that, we would be blundering, and we would have the wrecks we would have if it were not for the traffic lights. I present Dr. Gordon, of Chicago.

Dr. Samuel M. Gordon, Chicago, Ill.:

Mr. Chairman, Dr. Sinclair, Gentlemen: It is really a pleasure to come here and talk to you. I remember that in the early days of chemistry, when the sledding was pretty hard going, I recall one of the first letters of commendation we got was from the Editor of your State Bulletin. After that, I had an experience with Dr. Sinclair and I am glad it happened.

I have often said when God created man, on the Sixth Day, he must have been pretty tired. Since coming here, I have remarked that he made this part of the country when he was feeling fine. If your dentistry is as good as your hospitality, there is no dentistry that beats it! (Laughter.)

DRUGS, DENTISTS AND PROMOTERS

By SAMUEL M. GORDON, PH.D., *Secretary,*

Council on Dental Therapeutics

About fifteen hundred remedies advertised and sold to the dental profession and to the public for dental diseases are listed in the files of the Council on Dental Therapeutics. Few dentists confine themselves to the proverbial twelve drugs. What dentist does not receive daily at least one piece of advertising matter importuning him to try some preparation? Some dentists give their patients what they are led to believe is a recent advance in medication without bothering to inquire fully into the actual facts. They are not aware what the patient many times gets or what they themselves use may be a "patent medicine" or a discarded preparation put out under a new name. There are a few preparations of merit. How is the dentist to distinguish between those preparations which are worthy of his attention and those which are unworthy? This is one of the functions of the Council on Dental Therapeutics.

Time does not permit a recital of the historical events leading to the formation of the Council, the rules, the character and attainments of the dental and nondental members, the intriguing story of how a committee scattered over the length and breadth of the land literally meets every day. Reference to these matters may be found elsewhere.¹

¹Gordon, Samuel M. The American Dental Association Bureau of Chemistry and the Profession, J.A.D.A. 16:927 (May) 1929.

Gordon, Samuel M. Drug Protection in Dentistry, Michigan State Dental Society Bulletin, (August) 1930.

Leech, Paul N. Drug Reform, Medical and Dental, J.A.D.A. 18:78 (January) 1931.

Hanzlik, Paul J. Scientific and Rational Therapeutics: Its Effect on Dental Progress, J.A.D.A. 18:626 (April) 1931.

Smith, Harold S. Some Economic Aspects of Dental Proprietary Remedies and Nostrums, J.A.D.A. 18:637 (April) 1931.

Discussion of the Present Status of Dental Journalism: The Role of Editorial and Advertising Policies in the Campaign for Reform of Proprietary Dental Advertising, J.A.D.A. 18:649 (April) 1931.

Gordon, Samuel M. The Work of the A. D. A. Bureau of Chemistry and the Council on Dental Therapeutics, J.A.D.A. 18:652 (April) 1931.

Gordon, Samuel M. The Movement for Reform in Dental Drugs, J.A.D.A. 19:1123 (July) 1932.

Schicks, George C. Prescription Writing: What It Means to the Dentist, J.A.D.A. 21:135 (January) 1934.

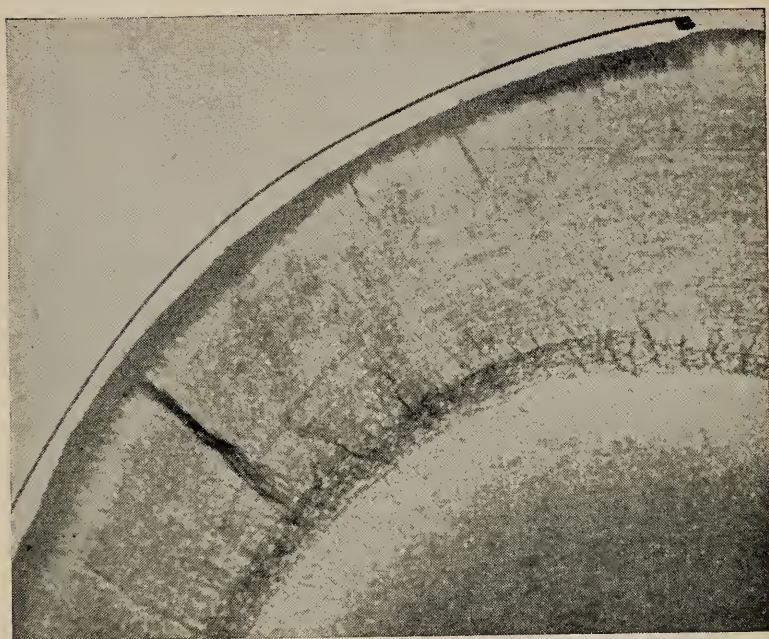
Luckhardt, Arno B. The Council on Dental Therapeutics, J.A.D.A. 21:1240 (July) 1934.

Some idea of the problems confronting the profession and the public in the matter of proprietary dental drug products can be obtained by a discussion of several groups of products which have come under the purview of the Council.

TOOTH BLEACHES

"Pearl-white teeth" is the picture held before us by those who exploit desires for Hollywood beauty. "Pearl-white teeth" is a snare and a delusion built up principally in the last decade by alluring but untruthful advertising for dentifrices. Where the claim is made in connection

FIGURE 1



Photomicrograph of a Transverse Section of a Molar Subjected to the Action of Taxil for One Minute, the Affected Part Being Marked by a Line Parallel to the Outer Surface of the Tooth.

(From The Journal of Dental Research, Vol. VII, No. 4, December, 1927.)

with an innocuous dentifrice, no more harm is done than putting one over on the purchaser. Certain liquid products sold under intriguing names like Tartaroff, Bleachodent, Snowy-White, Ritz and Ekay special Tooth White can be bought not only at drug and cosmetic counters but in pool rooms.

The public is told: "whitens your teeth," "absolutely harmless," "a scientific preparation guaranteed to remove the film, tartar, tobacco, food and cigar stains and all other discolorations."

They all contain hydrochloric acid. These tooth bleaches are not used by the public alone. The same products under other names are used by some dentists for prophylactic work to remove stubborn stains from enamel. Dentists may recognize these as Taxi, Stain Remover, Klex, and Ex-cel Tooth Stain Remover. (It is gratifying to note that Ransom & Randolph have informed the writer of their intention to discontinue the sale of their product.) These are advertised to the dental profession with no less blatant claims.

Does it require much imagination as to what happens to an otherwise healthy tooth, but colored by the stain of mottled enamel, or iron or copper stain due to occupational conditions under which one works, when treated with hydrochloric acid? It does not remove the cause of the stain, but it permanently destroys the teeth. Yet, some dentists are naive enough to believe that momentary application of these tooth bleaches to the teeth could do no harm.

The accompanying illustration shows the destruction of the enamel by Taxi for only one minute. ~

Longer action, of course, will lead to complete removal of the enamel and entire destruction of the tooth.

Dentists who have used these products inquire what can be used in place of them. The answer from a chemical point of view is more prophylactic work with instruments and brushes, for here is an excellent case of where "Haste makes waste."

It is then apparent at once why the Council insists in the interests of the public, as its Rule One requires, that a complete statement of composition be placed on the label. Unfortunately, neither the National or State Food and Drugs Acts give this elemental protection.

PYORRHEA CURES

Pyorrhea cures are numerous. A tabulation of the legitimate drugs and preparations used for the treatment of pyorrhea is imposing. Where there is a multiplicity of drugs there is a paucity of definite knowledge. This is as true of pyorrhea as it is of rheumatism, etc., etc. We are not now interested in that aspect further than to mention that these worth-while drugs may be found in Accepted Dental Remedies, about which more later.

Here, side by side, are photographs of Dr. Bell's Guaranteed Pyorrhea Remedy and Lavita:

The similarity in the cock-sureness, in the blatency, in the all-inclusiveness of claims strikes even an amateur. Dr. Bell, a dentist and chiropractor, claims to have sold thirty thousand cans of his guaranteed Pyorrhea Remedy at \$10.00 a can, as a service to humanity. Each can contained about a half pound. Three ounces of Lavita sold for \$2.50. What did these pyorrhea cures contain? Dr. Bell's Guaranteed Pyorrhea Remedy contained 90% of pumice and 10% of alum. Lavita contained 85% of pumice.

In the light of the composition, how ridiculous these claims become. But Lavita is "more than a dentifrice." This thread-bare slogan has been part of the backbone of some dentifrice exploitation.

Newspaper, magazine and radio advertising of the last fifteen years has made us mouth conscious, so it is said. How naive one is expected

to be to the appeals of printer's ink by which ordinary mixtures of chalk, soap, glycerin and so on were converted by advertising thaumaturgy into cures for removing the mucin film and all the imaginary dreaded evils that come in its wake; for curing acid mouth; overcoming "pink tooth brush," "three shades lighter," "seven stains," "do as your dentist does," etc. The objection to this advertising, as with the sale of the remedies just discussed, is that the users are lead by suave phrases and smoothly written appeals to delay competent attention that each individual suffering from a diseased mouth needs. This despite the admonition to "see your dentist twice a year." There is food for thought in the circumstance that while millions have been spent to make the people of the nation mouth conscious, as our advertising friends

FIGURE 2



euphemistically state, only about twenty-five per cent of the people are said to be receiving adequate dental care.

Is it necessary to advertise dentifrices with chicanery, moral fraud and deceit? Apparently not, for advertisers of dentifrices accepted by the Council show that dentifrice advertising can be truthful, honest and educational to the mutual benefit of your patient and you. It does not lead the user to expect mouth health in a tube of tooth paste or can of tooth powder. It tells patients to rely on careful inspection by dentists and shows why to depend on the dentist rather than on the dentifrice. It is a pleasure to include as an example of honest tooth paste advertising a recent announcement of one tooth paste. Dentists can encourage such advertising further by encouraging their patients to frown on unacceptable products.

FIGURE 3

THE TRUTH ABOUT TOOTH PASTE

DON'T expect too much of your dentifrice. The mistaken belief that tooth paste can do the work of the Dentist in caring for the teeth is causing untold ill health. It is keeping many people out of the dental chairs lulled by a false sense of security.

Since 86% of our bodily ills have their inception in the mouth, and in view of the conflicting, exaggerated claims often made for dentifrice, it is high time that Americans know the truth about tooth paste—what it CAN do and what it CANNOT do in promoting oral hygiene.

A recent issue of the *Journal of the American Dental Association* expresses the opinion of the highest dental authorities. It says: "ON THE BASIS OF AVAILABLE EVIDENCE THE FUNCTIONS OF A DENTIFRICE ARE LIMITED TO ITS AID IN MECHANICALLY CLEANING THE SURFACES OF THE TEETH WHEN USED WITH A TOOTH BRUSH."

No dentifrice can effectively clean the hidden areas of the teeth—the inter-proximal surfaces, the tiny pits and crevices and the parts beneath the gum margins. These are the real danger spots where the tooth brush cannot reach. These are the places tartar collects and where germs are apt to cause decay spots. If allowed to go unattended, these conditions frequently lead to a vast train of serious ailments.

These surfaces require frequent, thorough inspection and cleansing by a Dentist. At least once in three months everyone should receive this treatment called Dental Prophylaxis to keep the teeth really clean, the mouth healthy and the body reasonably safe from diseases emanating from the mouth.

Dental Prophylaxis is without question one of the most important habits a person can contract. It is painless. It guards your health. It adds much to personal appearance.

A good tooth paste is of great value in keeping the ACCESSIBLE surfaces of the teeth constantly clean. It makes the daily process of cleaning the teeth easier, more thorough and far more pleasant. It keeps the mouth sweeter—cleaner—and the teeth brighter and more beautiful.

By helping to keep the teeth clean, a good dentifrice CAN retard the development and activity of decay germs. But it CANNOT eliminate these germs. It CAN retard the formation of tartar—thereby giving some protection against gum infection and pyorrhea—but it cannot prevent or completely correct this condition. Only your Dentist can safeguard you from these grave dangers.

In selecting the proper tooth paste for daily use your Dentist will advise you. (1) Beware the falsely advertised tooth paste. (2) Beware the tooth paste that bleaches or scratches or removes more than the surface accumulations.

The great American Dental Association maintains a group of scientific specialists called the Council on Dental Therapeutics. For the guidance of A. D. A. members in selecting preparations for professional and home use, this Council makes careful laboratory tests of all preparations submitted—awarding the "Seal of Acceptance" to those products found to be safe and honestly advertised.

With this Seal provided for your guidance there is no reason for buying doubtful preparations.

Iodent Tooth Paste, both No. 1 for teeth easy to bryten and No. 2 for teeth hard to bryten bear this Seal.

Iodent has every essential of an ideal tooth paste: absolute safety, unusual effectiveness, delightful flavor. Remember these points when you buy tooth paste.

The two pyorrhea preparations mentioned and most dentifrices go directly to the public. Are dentists less immune? Apparently not. Some time previous to an investigation in the laboratory, a number of inquiries were received concerning Emedent Pyorrhea Treatment, put out by a Dr. Williams of Mississippi. The story ran that before a dentist could buy the stuff at \$10.00 for a 20 cc. bottle, he first had to take a clinic course for about \$100.00. No statement of composition appeared on the label of the bottle. To believe the claims here was the answer to the dilemma of dentists treating pyorrhea. Analysis by the Association's chemist revealed Emedent to be 40 per cent sulphuric acid. Does it require a far stretch of the imagination to say that dentists would not knowingly pay \$10.00 for 20 cc. of "pickling fluid"? Yet because the composition was secret and cures were unhesitatingly claimed, some dentists could be persuaded to part with their money and to subject their patients to cruel drug surgery.

Does it not pay to inquire what is the composition and is the evidence sound, as the Council does?

Lest some readers feel that this is a rare or exaggerated example, let me note that there is now being examined in the laboratory another pyorrhea cure for dentists only, that contains tar, sulphurous acid and sulphuric acid. The same composition, under another name, is sold in a neighboring state. Of course, these are sold under euphonest names and with enticing claims.

Calsodent, which contains about 98 per cent of salt, was put out as an adjunct for the treatment of pyorrhea. Under the name Mercitan Fluid, trichloroacetic acid has long been sold as a pyorrhea treatment. Hardly a month passes without some new pyorrhea product being put on the market. Most of them contain nothing new or original. The efforts of the Council are devoted to advising dentists concerning them.

PULP CAPPERS

Many pulps are capped every year. If in the past dentists had followed suggestions of their teachers as to materials for pulp capping, there would be little need for this chapter. On entrance into active practice dentists were importuned to turn to something "better." The importuning was stimulated by someone with something to sell. What they had to sell in most cases was nothing more than a new name for materials long known to dentists. Carbol Eugenol Powder, Carbol Eugenol S, Sterident No. 1, Sterident No. 2, Sterident "D," and Silv-O-Dent are a few of these pulp capping products that have come under the scrutiny of the Bureau of Chemistry.

The chart shows how some dentists have been inveigled into paying \$72.00 for about fifty cents worth of material under fancy names:

FIGURE 4

	Zinc Oxide	Silver Nitrate	Barium Sulphate	Bismuth Subnitrate	Silver Proteinates
Sterident—2 King's Specialty Co.	100.0%	.....	.....	.....	.....
Sterident—1 King's Specialty Co.	97.0%	3.0%	.....	.....	.....
Sterident—D King's Specialty Co.	80.0%	20.0%	.....	.....	.....
Carbol Eugenol—S King's Specialty Co.	98.0%	2.0%	.....	.....	.....
Carbol Eugenol King's Specialty Co.	95.0%	.....	2.0%	3.0%	.....
Silvodont Silvodont Co.	97.5%	.....	.....	.....	2.5%

The liquid part of these pulp capping materials are essentially nothing more than eugenol. In the case of Sterident Pimento Eugenol (Williams) the dentist pays five dollars for about fifty cents worth of eugenol, as the following chart shows:

FIGURE 5

	Pimento Eugenol	Eugenol U.S.P., Merck
Specific Gravity, 25 C.....	1.0626	1.0637
Refractive Index, 25 C.....	1.5382	1.5388
Boiling Point.....	242-250 C.	242-250 C.
Surface Tension	38.4 dynes/cm.	38.7 dynes/cm.
Relative Viscosity, 25 C.....	9.04	8.02
Solubility in 70% alcohol.....	2 volumes	2 volumes

Does not the reason for Rule 2, requiring tests to show that the composition is as claimed, become apparent from these few examples?

Experience has shown that zinc oxide mixed with eugenol, thymol for anterior teeth or a mixture of zinc oxide, two parts, and thymol one part, as described by Hermann Prinz and his associates, will fulfill all legitimate requirements for pulp capping. Anyone can buy zinc oxide free of arsenic at about fifty cents a pound. This will supply not only enough for pulp capping needs but there will be enough to make surgical packs² and pastes for temporary rebasing of dentures,³ in addition to many other uses of this product around the dental office.

PAIN RELIEVERS—LOCAL AND GENERAL

Modern dentistry aims to make operations as painless as possible. But the best is often perverted to the worst. Textbooks and treatises contain ample information on the local and general treatment of pain that arises in dental practice. Critical dentists know that pain must be diagnosed and treated in terms of the individual. This apparently is not the case for those who sell products for pain relief. Consider the

²Wondrupak—Not Acceptable for A. D. R., J.A.D.A., May, 1934, p. 896.

³Ross, R. A.: Zinc Oxide Impression Pastes, J.A.D.A. 21:2029 (Nov.) 1934.

product of Sensitex, a name which cannot be accepted in the light of Rule 8. Apparently, to the uninitiated, a statement of composition appeared on the label, viz.: "Chloralum-oxychloride in a specially prepared base." 6 cc. sold for \$2.50. It was advertised to be good for all sensitive tooth surfaces, such as may be due to chemical and mechanical abrasions, sensitive gingival areas, exposed roots, especially after surgical operations for pyorrhea, etc. This preparation was found to contain nothing more imposing than 64 per cent zinc chloride in water. It contained no aluminum to speak of, despite the label statement. The cost, of course, was way out of proportion to the cost of preparation by oneself or by a pharmacist.

Stopain is another post operative pain reliever. Dentists are told that Stopain contained methyl-pyrocatechin. This is meaningless to the average dentist and it would take a chemist some time to figure out the name. In ordinary English language methyl-pyrocatechin means guaiacol. Examination revealed that dentists who bought Stopain were paying \$1.50 for one ounce of a mixture of equal parts of guaiacol and glycerine. It could be obtained from a pharmacist for much less. This does not represent a new advance, for many years ago the dilution of guaiacol with glycerine for a post operative treatment for exposed sockets was suggested. The previous two cases illustrate the soundness of the Council's position in insisting on a name that indicates at once the important ingredient and the requirement that the composition be listed on the label, for when secrecy is removed the awe goes with it.

Topical anesthetics have a wide sale. The limitations of inducing anesthesia through the intact mucous membrane of the gums need not be discussed here. The point of interest is that preparations for topical anesthesia are sold to dentists under names that do not tell the nature of the drugs therein. Here are some of the names: Fantazn, Prothesia, Dick's Novothesia, Topinol, Alkeme, Num, Gum Num, Gan Aiden, Souvenier, Neo-Kain, Anocain. The list may be extended even further. Generally small bottles containing about an ounce sell for from \$1.50 to \$2.50. Some of these are extremely simple in composition; Fantazn and Prothesia, despite differences in name, were found to be ethylaminobenzoate in carbitol. Topinol, for example, was found to contain a number of drugs in addition to ethylaminobenzoate, such as camphor, phenol, isopropyl alcohol, to mention only a few. It is important to note that all of them contain ethylaminobenzoate as the important ingredient.

None of those exploiting these topical anesthetics have shown scientifically that their products will do more than a simple solution of ethylaminobenzoate in alcohol. Indeed, a series of clinical experiments being carried out at my suggestion by an instructor in a dentist school is revealing to him the difficulty in finding a drug that satisfactorily induces anesthesia by topical application to the gum. This should not be taken to mean that there are not some drugs useful for this purpose. These drugs and their limitations are described in the book, *Accepted Dental Remedies*. But exploiters of ethylaminobenzoate under fancy names do not let their buyers know these limitations. Indeed, the advertising is written in such a way as to let the reader infer that here is the long-awaited answer for those who want a good topical anesthetic.

The relief of pain by systemic medication forms an interesting chapter in scientific and unscientific therapy. It is at the same time one of the most romantic stories and one of the major advertising rackets. Those which experience has shown to be useful are listed in *Accepted Dental Remedies*. There is another class—all of which differ in name only. They are composed of acetylsalicylic acid, acetphenetidin with a little of this and that.

These pain relievers, put out under fancy names, are supposedly based on prescriptions of the medical profession. One can look into the catalogs of large pharmaceutical houses and find these A. P. C. tablets listed. The cost is trifling compared to the retail price. No discovery is involved despite claims to the contrary.

Those who insist that medication be on the basis of the individual patient object to these trade-marked pain relievers. The promotion of these products leads to useless and undesirable* self-medication, sometimes with fatal results. The Council holds that it is not in the public interest for dentists to hand out so-called clinical samples liberally sent by the manufacturers of such preparations as Anacin, Acquin, Salfayne, Poloris Tablets, to mention only a few. What is the sequence? The patient commences drugging himself for conditions totally unrelated to the condition for which the product was originally given. For did not the "hand out" by the dentist imply a recommendation? The Council had discussed this in some length in several chapters in *Accepted Dental Remedies* and in several reports of the Council.⁴ The Council is showing how the dentists may logically prescribe these drugs and keep medication with these drugs under his control for the ultimate benefit of his patient.

THE CONSTRUCTIVE ATTITUDE

Much of the previous discussion is frankly critical of some of the practices to which dentists and their patients are exposed. Such critical comment is needed if dentists are to be warned against paying high prices for well known drugs or dangerous drugs sold under secrecy. But there are proprietary preparations that are worthy of your respect. How shall you help to encourage honest manufacturers and discourage dishonest exploiters?

The dentist can guard against such practices by using the readily available official drugs and drug combinations (U. S. P. and N. F.). A closer coöperation with pharmacists is desirable. Coöperation between pharmacist and dentist has been made easier by the publication of the book, *Accepted Dental Remedies*. This little book details the chemistry, the pharmacology and physiologic actions of the official drugs useful in the practice of dentistry, and lists those proprietary products which comply with the rules of the Council. It is a book that should be on the desk of every dentist. Its intelligent use will result in more concise, economical and beneficial use of drugs for the dentist and patient. The Council publishes from time to time articles on pharmacology and therapeutics on problems of wide therapeutic interest. Thus, by follow-

⁴Uses and Abuses of Barbitals, J.A.D.A. 18:152 (Jan.) 1931.

Uses of Pain Relievers in Fixed Proportions by Dentists, J.A.D.A. 18:746 (April) 1931.

Pre- and Post-operative Medication for Dentists and Oral Surgeons, J.A.D.A. 21:528 (March) 1934.

ing the reports of the Council the dentist is enabled to overcome the lures of printer's ink.

The Council can go no further than you. It can accomplish the work expected of it by the dental profession if each dentist appoints himself a committee of one to insist on the use of official drugs or accepted proprietary preparations. Each dentist should ask the detail man, who comes with a new or old preparation, how does the preparation stand with the Council? The answer, in some cases, will be startling, ranging from direct abuses to evasion. But this may be said, no honest manufacturer need fear the critical and scientific glare of the Council.

Each dentist can help the Council to separate the sheep from the wolves by insisting on using only Council-accepted proprietary remedies and by insisting that journals which come to him, free or by subscription, carry advertisements only for those proprietary preparations which meet the reasonable standards of your Council on Dental Therapeutics.

It is gratifying to note that your officers have not admitted to your technical exhibits any product that is in conflict with the Rules of the Council. Encourage them further by your support of this commendable attitude.

It takes more than eleven men to make a football team. It takes eleven men and the people in the bleachers. You are the people in the bleachers. Without your help, we cannot hope to overcome the practices, we can't hope to progress in this whole field unless we have your help. We mean that you people are the ones to carry this message to Garcia, and your patients are Garcia. (Applause.)

President Edwards:

Thank you, Dr. Gordon. We will now have Dr. Jaffe continue his lecture.

Dr. Sidney S. Jaffe, Washington, D. C.:

It is rather hot this afternoon, and it has occurred to me that perhaps you men had rather I would give you a clinic this afternoon, and postpone the lecture until tomorrow morning. What is your wish about that?

The Floor:

Clinic!

Dr. Jaffe:

Let's all get over here in the corner where we can be as cool as possible.

Dr. Jaffe conducted a demonstration clinic.

The meeting adjourned at 5:50 o'clock p.m., Tuesday, June 18, 1935.

SECOND DAY—TUESDAY, JUNE 18, 1935

MEETING OF HOUSE OF DELEGATES

The Meeting of House of Delegates was called to order at 5:55 o'clock p.m., by Dr. Linus M. Edwards, President.

President Edwards:

The Meeting of the House of Delegates will come to order, and we will now take up whatever business anybody has.

Dr. J. H. Wheeler, Greensboro:

I have the Report of the Resolutions Committee. As you recall, last year there came up a resolution regarding what is known as the Beneficial Circle, and for want of definite information you decided to table that resolution until this year. We therefore took that from the table and at our meeting this morning unanimously decided to report it unfavorably for the reason that, as we see it, the Beneficial Circle does not meet the requirements of a profession advanced as far as dentistry has. They sent me a story known as "Mary, John, and Jack," which is in about fifty installments. They want the State of North Carolina and every other state in the Union to persuade the papers in the cities to carry this material. That material would be fine for a kindergarten. That is as far as your Committee thought it would be valuable. It would be fine for a school teacher, but as public matter for the daily papers of the State, we could not endorse it. That is about the most they have sent so far. They say they have other plans in mind. That is in regard to so-called advertising. They propose to advertise in the name of the A. D. A. and the United States Health Board, by which this stuff is endorsed. They also have a little magazine with some cuts and some texts that would be very fine for school children, but it is not fit, as we see it, for adult consumption. This Committee feels that if the A. D. A. were sponsoring an article such as written by the Editor of the American Medical Journal—"Your Health"—then we might have a different attitude. That has the endorsement of the American Medical Association and no question has been raised about it. If the A. D. A. would appoint some competent man to write a series of articles and syndicate the articles and sell them to the newspapers, then that would merit our serious consideration.

It would take a column for each installment of the story "Mary, John, and Jack," and would take fifty-two weeks to complete. The newspapers do not want that stuff. If I were publishing a newspaper and any profession asked me to print all of that stuff gratis, I would tell them "No." It is either that or we have to pay for it, which I would not consider.

The idea behind the Beneficial Circle is this: These articles are published, and that stimulates in the mind of the people the idea that children probably need dental attention more frequently than they go for it, and that by this increased practice we are getting we will buy more materials from those manufacturers who advertise in the Journal, and because of the fact that these advertisers do advertise in the Journal, will possibly pay better rates, we will get a bigger and better Journal and the income increased to the extent this Association will have more money to carry on more work. That is the idea behind the Beneficial Circle. Your Committee just cannot see it.

We recommend also that in case you accept our recommendation, the unfavorable report on this resolution, that we write to Dr. Cannonier, with whom I have had some correspondence, or anybody in charge of this work, and tell them we have to report this unfavorably and do nothing with it; but, if they will produce literature that is dignified and worthy of the profession of dentistry, then we would be willing to endorse such an idea as that.

There are twelve or fifteen states that have endorsed the plan, such as Wisconsin, Minnesota, and Illinois. Oklahoma, and some others.

In a nut-shell, the report I wanted to bring you on this matter is a recommendation for an unfavorable report.

President Edwards:

You have heard the report of Dr. Wheeler; what is your pleasure?

Dr. H. O. Lineberger, Raleigh:

Is there any part of the proposal that we might adopt?

Dr. Wheeler:

I do not think so.

Dr. Lineberger:

If we adopt it, would we run into complications with our State laws?

Dr. Wheeler:

It does not conflict with our State laws at all.

Dr. Lineberger:

We have taken some action in this matter already, have we not?

Dr. Wheeler:

The action we took at Elizabeth City was when we voted down the Memphis plan. I asked some member who knew if this was not the old Memphis idea in a new dress, and he said, "Yes." I asked that specific question and the answer I got was a direct "Yes." It is the old Memphis plan dressed in a new dress. In other words, we are simply advertising, and yet we are against that form of advertising. Incidentally, he has written in the last five or six weeks some articles on dentistry that were fine. They were not advertising; they were informative articles about things that happen in the oral cavity where dentistry is concerned.

Dr. Lineberger:

I move we adopt the report.

Dr. J. Martin Fleming, Raleigh:

I second the motion.

Dr. Wheeler:

I wrote Dr. Camalier a letter on two or three separate occasions, and he answered them. I have the letters, if you would care to see them.

The Floor:

Question!

The motion was duly put and unanimously carried.

Dr. Wheeler:

Does that include the question of writing him, as I remarked?

Dr. Fleming:

We accepted your report in full.

President Edwards:

Any other business?

Dr. J. Martin Fleming, Raleigh:

I would like to make a report for the Dental Relief Committee. We put \$200 a year into that fund, and Dr. Pridgen has already sent me the \$200 for this year. The fund is now \$1,770.88, on deposit with the Wachovia Bank and Trust Company in the City of Raleigh. We have had no request during the year for any relief.

President Edwards:

You have heard the report. What is your pleasure?

Dr. R. M. Olive, Fayetteville:

I move that the report be adopted.

The motion was seconded and unanimously carried.

Dr. J. Martin Fleming, Raleigh:

I am speaking now for the Chairman of the Ethics Committee. We have an amendment which we want to incorporate in the Constitution, which is to be acted upon. This is the only new thing that will be in it, and we want to read it this afternoon, so that it can be voted upon tomorrow. This is the clause we want to include with the section dealing with the duties of the Ethics Committee:

AN AMENDMENT TO SECTION 6, BY-LAWS, GOVERNING DUTIES OF ETHICS COMMITTEE

It shall be the additional duty of the Ethics Committee, in cases where no charges have been preferred, but where there seems ground for charges, to consult with the President of the Society, and, if he concurs, to notify the accused, at least ten days before a hearing, that some explanation is due the committee of the conduct in question. Such hearing shall then be held, following the usual custom, and the procedure and the findings of such hearing shall follow the same rules as laid down for other trials for violation of the Code of Ethics.

F. L. HUNT,
J. MARTIN FLEMING,
J. N. JOHNSON.

As I understand it, that would have to lay over until tomorrow and ninety per cent of those present today would have to be willing for it to be taken up tomorrow. Therefore, I move that we take a standing vote to see if ninety per cent are willing for it to be taken up tomorrow.

President Edwards:

Those favoring the motion will signify by standing. The Secretary will count.

Secretary Pridgen:

The motion is unanimously carried.

I have here the report of the Editor-Publisher, who is unable to attend the meeting.

REPORT OF EDITOR-PUBLISHER, 1934-35

Cash in Bank, July 1, 1934.....\$ 18.78

RECEIPTS FROM ADVERTISEMENTS

1934

Aug. 13.	Ocean Inn	\$ 8.00
Sept. 10.	Fleming Dental Lab.	15.00
Dec. 11.	North State Dental Lab.	8.00
11.	Woodward Prosthetic Co.	8.00
28.	Harris Dental Co.	8.00
28.	Merrimon Ins. Agency	8.00

1935

Jan. 7.	Pycopé, Inc.	15.00
7.	Powers & Anderson.....	8.00
15.	Raleigh Dental Lab.	25.00
15.	Eberhart-Conway Co.	8.00
15.	Rothstein Dental Lab.	8.00
24.	Thompson Dental Co.	8.00
24.	Bristol-Myers Co.	25.00
Feb. 13.	Fleming Dental Lab.	15.00
18.	Manley A. Sparks	8.00
Apr. 15.	Woodward Prosthetic	15.00
17.	Watauga Chamber of Commerce.....	15.00
17.	Daniel Boone Hotel.....	8.00
17.	Blowing Rock Drug Co.	8.00
May 22.	Northwest Carolina Util.	8.00
22.	Harris Dental Co.	8.00
22.	Merrimon Ins. Agency	8.00
22.	Bank of Blowing Rock.....	8.00
22.	Fidelity Ins. Agency.....	8.00
22.	The Carlheim Hotel.....	8.00
27.	Rothstein Dental Lab.	15.00
27.	Manley A. Sparks	15.00
27.	Pycopé, Inc.	15.00
27.	Bristol-Myers	25.00
31.	Dentists' Supply Co.	25.00
June 4.	Thompson Dental Co.	8.00
4.	Powers & Anderson.....	8.00
4.	Green Park Hotel.....	25.00

6.	Virginia Dental Lab.	8.00
7.	Raleigh Dental Lab.	25.00
11.	North State Dental Lab.	8.00
11.	Lenoir Chamber of Commerce.....	15.00
11:	Martin Cottage	8.00
11.	Bank of Lenoir	8.00
13.	Hob Nob Inn.....	8.00
13.	Norwood Golf Course.....	8.00
15.	C. S. Prevette	8.00
26.	Mayview Manor	25.00
26.	Aderer, Inc.	6.80
26.	R. Lee Tombs.....	8.00
July 10.	Fleming Dental Lab.	15.00
		<hr/>
		\$574.58
Total receipts for advertising, 1934-35.....		\$574.58

DISBURSEMENTS, 1934-35

1934		
Sept. 25.	Cash for stamps.....\$	3.00
Oct. 11.	Postmaster, Proceedings	5.00
Dec. 19.	Postmaster, Bulletin	5.00
1935		
Jan. 22.	American Asso. Dental Editors.....	5.00
Feb. 23.	Bynum Printing Co.	162.20
May 18.	Stamps, Telephone, Telegraph, Notary, and May Bulletin	18.50
June 6.	Dr. F. J. Reichman, cut.....	1.25
10.	Bynum Printing Co.	200.00
27.	Bynum Printing Co.	101.99
27.	Cash, Telephone, Stamps, Miscellaneous.....	5.20
	Banking charges	13.97
		<hr/>
		521.11
Aug. 1.	Balance in Bank.....	\$ 53.47

UNCOLLECTED ACCOUNTS

1934.	Seashore Hotel	\$ 15.00
	J. G. Whitner.....	8.00
1935.	Blowing Rock Hotel.....	15.00
		<hr/>
		\$ 38.00

President Edwards:

You have heard the report. What is your pleasure?

Dr. H. L. Keith, Wilmington:

I move that it be adopted.

The motion was seconded by J. Martin Fleming and unanimously carried.

Secretary Pridgen:

I have here the report of the Exhibit Committee.

REPORT OF EXHIBIT COMMITTEE

Amount of exhibit space sold.....	\$ 450.00
Amount collected	420.00
Uncollected (George Popper).....	30.00

Sincerely yours,
D. L. PRIDGEN.

President Edwards:

You have heard the Report of the Exhibit Committee. What is your pleasure?

Dr. R. M. Olive, Fayetteville:

I move that it be accepted.

The motion was seconded by Dr. J. Martin Fleming and unanimously carried.

Secretary Pridgen:

I have the Report of the Secretary-Treasurer.

Rocky Mount, N. C., August 19, 1935.

To the Officers of the North Carolina Dental Society:

GENTLEMEN:—We have audited the recorded transactions of D. L. Pridgen, D.D.S., Fayetteville, North Carolina, Secretary and Treasurer of the North Carolina Dental Society, for the period from August 4, 1934, to July 31, 1935, and as a result thereof we submit herewith our report, consisting of the following statements:

Exhibit A—Statement of Receipts and Disbursements—for the period from August 4, 1934, to July 31, 1935.

Schedule 1—Reconciliation of Account with the Branch Banking and Trust Company, Fayetteville, North Carolina—July 31, 1935.

All receipts of record were traced and found to be properly accounted for. Disbursements were audited in detail and were supported by properly signed vouchers and other supporting data.

Reports from the District Secretaries were submitted from the fourth district only.

It appears that a scroll of the membership of each district should be kept by each of the District Secretaries, and a copy of this scroll be submitted to the Chairman of the Executive Committee each year for his examination and for the use of the auditor in making the annual audit.

It would appear, also, that a fixed fiscal year closing date should be established, and all reports be made as at such a date each year.

The records of the Secretary-Treasurer were found to have been neatly and accurately kept, and he is to be commended for his diligence.

Respectfully submitted,

GREATHOUSE & BUTLER,
Certified Public Accountants.

EXHIBIT A

STATEMENT OF RECEIPTS AND DISBURSEMENTS FOR THE
PERIOD FROM AUGUST 4, 1934, TO JULY 31, 1935

RECEIPTS

<i>District Receipts—Membership Dues:</i>	<i>Annual</i>	<i>Life Members</i>	<i>Total</i>
First District.....	\$ 750.00	\$ 32.00	\$ 782.00
Second District.....	1,260.00	32.00	1,292.00
Third District.....	792.00	36.00	828.00
Fourth District.....	714.00	32.00	746.00
Fifth District.....	862.00	36.00	898.00
	<hr/>	<hr/>	<hr/>
Total District Receipts.....	\$4,378.00	\$ 168.00	\$4,546.00
<i>Miscellaneous Receipts:</i>			
Sale of Exhibit Space.....	\$ 450.00		
Refund A. D. A.....		12.00	
Interest on Savings Account.....		56.98	
		<hr/>	518.98
			<hr/>
Total Receipts.....			\$5,064.98
Balance—August 4, 1934.....			3,074.68
			<hr/>
Total Receipts and Balance.....			\$8,139.66

DISBURSEMENTS

American Dental Association:

Proportionate Part of Dues from Members:

Annual Dues.....	\$1,756.00	
Life Members.....	168.00	
	<hr/>	\$1,924.00

Expenses:

Salary—Secretary and Treasurer.....	\$ 150.00
Salary—Editor-Publisher	150.00
Salaries—District Secretaries.....	125.00
Telephone and Telegraph.....	31.92

Printing 1934 Proceedings.....	529.25	
North Carolina Dental Relief Fund.....	200.00	
Honoraria and Expense of Clinicians and Other Guests at 1935 Meeting.....	686.74	
Entertainment Committee.....	73.50	
Printing Programs for 1935 Meeting.....	57.25	
Publicity Expense.....	39.10	
Stationery, Printing and Supplies.....	111.32	
Floral Design—Deceased Member.....	5.49	
Secretarial Work—Blowing Rock.....	25.00	
Mimeographing	3.75	
Premium—Bond of Secretary-Treasurer.....	7.50	
Premium—Bond of District Secretaries.....	25.00	
Postage	39.00	
Federal Check Tax.....	.40	
Auditing	20.00	
Legislative Expense	754.81	
Appropriation to Assist in Test of Consti- tutionality of Oregon Dental Law.....	50.00	
Extra Stenographic Work.....	12.00	
President's Emblem.....	15.15	
Express .....	.83	
		<u>3,113.01</u>
Total Disbursements.....		\$5,037.01

Balance—July 31, 1935:

Branch Banking and Trust Company—Check- ing Account.....	\$ 481.12	
Branch Banking and Trust Company—Savings Account	2,621.53	
		<u>3,102.65</u>
Total Disbursements and Balance.....		\$8,139.66

SCHEDULE 1

RECONCILIATION OF BANK BALANCE, JULY 31, 1935

Branch Banking and Trust Company, Fayetteville, N. C.:

Checking Account:

Balance as Per Bank Statement.....	\$ 485.12
Less: Vouchers Outstanding:	
Number 275—July 25, 1935.....	4.00
	<u> </u>
Net Balance.....	\$ 481.12
Savings Account.....	2,621.53
	<u> </u>
Total—To Exhibit A.....	\$3,102.65

President Edwards:

You have heard the report, gentlemen. What will you do with it?

Dr. J. Martin Fleming, Raleigh:

I move that we receive it.

Dr. R. M. Olive, Fayetteville:

I take pleasure in seconding the motion.

The motion was unanimously carried.

President Edwards:

Are there any other committee reports?

Dr. W. W. Rankin, Raleigh:

I have the Report of the State Institutions Committee.

REPORT OF STATE INSTITUTIONS COMMITTEE

Your State Institutions Committee respectfully submits the following report:

So far as your Committee can ascertain, the dental work is being cared for in the following institutions: State Hospital (Raleigh), State School for the Blind, Orthopedic Hospital, Caswell Training School, State Hospital (Goldsboro), Samarcand, Jackson Training School, and State Farm Colony.

The State Hospital at Morganton will have a full-time Dentist after July 1, 1935.

The North Carolina School for the Deaf in Morganton does not have even a part-time Dentist, although it does have dental equipment. Mr. Goodwin, the Superintendent, stated in a letter that he would recommend a part-time Dentist at a Board Meeting in the near future.

The Committee would like to recommend that this institution have adequate dental service.

DR. W. W. RANKIN, *Chairman*;

DR. J. S. BETTS,

DR. A. S. BUMGARDNER,

DR. O. L. PRESNELL,

DR. W. T. RALPH.

President Edwards:

You have heard the report, gentlemen; what is your pleasure?

Dr. N. Sheffield, Greensboro:

I make a motion to accept the report as read.

The motion was seconded by Dr. J. Martin Fleming and unanimously carried.

Dr. H. O. Lineberger, Raleigh:

Dr. Fred Hale, Chairman of the Socio-Economics Committee, cannot be present at this meeting. I have his report, which I will read at this time.

REPORT OF SOCIO-ECONOMICS COMMITTEE

Socio-economics is one of mankind's oldest problems and not, as some seem to think, of recent origin. The application of the term to the Health Service Profession is, however, comparatively recent. Several of the European countries have for over twenty-five years had some form of Socialized Medicine under the name of Panel Medicine, Health Insurance, Unemployed Insurance, etc., all of which means "Health Service" for the masses, and in most cases under the control of the government or welfare organizations.

The report of a committee appointed by President Hoover to study the cost of medical care; the publishing of Drs. A. M. Simons and Nathan Sinai's report, "The Way of Health Insurance"; the present social trend in our country, and other influences, have brought the subject right out in the open in this country.

The President of the North Carolina Dental Society, sensing the pulse of the nation, and the trend of the times, appointed a Socio-economics Committee from our Society to study all proposed plans, and especially as to their application to the problems presented in North Carolina. The committee has done some very valuable work, but owing to the fact that the American Dental Association and the American Medical Association, working in conjunction with government agencies, are now endeavoring to formulate some feasible plan to submit to the professions, we feel that the recommendation at this time should be limited to the problems which demand immediate attention.

The emergency dental relief situation became so muddled during the year that the Executive Committee sought and secured a conference with the Director of Emergency Relief to arrange, if possible, a uniform ruling for Dental Service to the indigent. Before the conference the Executive Committee made a study of the situation in the various sections of North Carolina and in other states, and conferred with various committees, among those some members of the Socio-economics Committee. The agreement secured was not all the Executive Committee desired, but was the very best they could get and, when compared with other states, is very creditable, and they deserve our commendation for the splendid work they did.

The terms agreed upon at the conference, and which should be in force in all sections of the State at this time, were as follows:

1. Extractions without anesthetic, each.....\$1.00
2. Extractions *with* local anesthetic, each..... 1.25
 - (a) Each additional tooth at same sitting..... 1.00
3. Emergency treatments, abscessed gums, trench mouth, etc..... 2.00
 - (a) Post operative treatment..... 1.00

(Limited to \$2.00 for any number of treatments.)

4. Filling, when absolutely necessary.....	2.00
5. X-ray films	1.00
(a) Subsequent films, each.....	.50

Policies, regulations and procedures to conform to Federal Emergency Relief Bulletin No. 7.

National and State officials, of both the Dental Profession and the Emergency Relief Department, are coöperating in a most satisfactory manner, but in order that the best results may be obtained, it is imperative that there be organized in each locality a definite responsible group or agency to actually control the relief policy. We are not unmindful of the fact that every licensed dentist, white or colored, is to be allowed to participate, if he desires, in the relief programs, but it is imperative that responsible members of organized dentistry be the spokesmen and contact agencies in the counties where the service is actually rendered.

We recommend (1) that all District Societies set up immediately a Dental Relief Committee, said set-up to be approved by the Socio-economics Committee of the N. C. Dental Society. (2) We suggest as a pattern for consideration by all local committees the following plan, which has been in operation for over two years in the City of Raleigh and has proven entirely satisfactory to both the Dental Profession and the Welfare Department. It is believed that the plan, with such changes as suit local requirements, can be made operative in any community in the State. With these thoughts in mind, we submit the following plan of organization and procedure for rendering the Temporary Emergency Dental Relief in North Carolina:

PERSONNEL

Members of the.....District Dental Society.

OBJECT

To direct emergency dental relief and health service in..... District. (By emergency relief is meant the relief of acute pain and treatment of oral foci of infection.)

HEALTH-SERVICE COMMITTEE

A committee named from the.....District Dental Society shall be known as the Health-Service Committee, and shall have charge of the health service and relief program of the.....District Dental Society.

HOW PATIENTS ARE TO BE REFERRED AND ASSIGNED

A written authorization for dental service must be presented by each patient to the Health-Service Committee or authorized dentist. The dentist rendering the necessary service at a fee schedule agreement between the North Carolina Dental Society and the administrator of the FERA.

The patient then signs the original request form, stating the service has been satisfactorily rendered.

The form is then returned by the dentist to the Secretary of the Health-Service Committee, or authorized authority, where all records are filed.

Once each month, or to suit local requirements, the Health-Service Committee shall furnish the.....County Welfare Department or the FERA, or other relief agencies, an itemized statement of all patients referred by them, the nature of the relief rendered, and amount due for the dental service required.

We further recommend that the incoming President name a Socio-economics Committee to continue the work of the present Committee. The said Committee to report to the next annual meeting of the North Carolina Dental Society, or earlier to the Executive Committee should any emergency demand early action.

President Edwards:

You have heard the report. What is your pleasure?

Dr. J. Martin Fleming, Raleigh:

I know that a great deal of work has been expended by that Committee. I am a member of the Committee myself, but—I am ashamed to say—I have not been as active in the promotion of its work as I should have been. I know something of the Committee's work, and I do not hesitate to move the adoption of the report.

Dr. H. O. Lineberger, Raleigh:

It was suggested that a schedule of the approved fees be incorporated at the place marked for that purpose. I would like to amend Dr. Fleming's motion to include that in the report.

Dr. Fleming:

It should be incorporated. I accept the amendment.

The motion was seconded by Dr. N. Sheffield, Greensboro, and unanimously carried.

Dr. R. M. Squires, Wake Forest:

Some of our faithful members who have been attending the meetings each year are sick and cannot be with us at this time. I think the Secretary should send them a message from the Society. I do not know whether it requires a motion, but if it does, I make the motion to send such a message to Dr. R. W. Stevens, of Apex, and Dr. Butler, of Dunn, who are sick.

President Edwards:

The Secretary is instructed to send a message to those members. Motion to adjourn was seconded.

The Meeting of House of Delegates adjourned at 6:35 o'clock p.m., Tuesday, June 18, 1935.

SECOND DAY—TUESDAY, JUNE 18, 1935

BANQUET SESSION

The meeting was called to order at 8:10 o'clock p.m., by Dr. Linus M. Edwards, President.

President Edwards:

We will come to order, and I will ask Dr. Reece to introduce our Toastmaster.

Dr. J. F. Reece, Lenoir:

Ladies and Gentlemen: There are many pleasures that come to us, but some stand out above others, and that is the case with me this evening. It is one of the pleasures of my life to introduce the Toastmaster for this occasion. The North Carolina Dental Society has ever honored itself in having very outstanding toastmasters, and this evening we are living up to that reputation. There are some stars that outshine other stars. North Carolina has many noted citizens of whom we are very proud. It is my privilege to introduce to you the leading citizen of North Carolina, a man who has gone up and down this State in behalf of every progressive movement that has ever been launched, a man that is known as the "Silver-tongued Orator" from Murphy to Manteo. It is indeed a great pleasure to introduce the Honorable Clyde Hoey—the next Governor of the State of North Carolina. (Much applause.)

Hon. Clyde Hoey, Shelby:

Mr. President, Members of the North Carolina Dental Society, Ladies and Gentlemen:

I am delighted to have the pleasure of presiding over this banquet as your Toastmaster. I am happy to see this magnificent company representing your great profession in North Carolina. I salute the members of the North Carolina Dental Society. I salute you because I believe you have made a fine contribution to

the common good of our great Country and State. I know of no organization, of no profession that has made more progress or more contribution to the health and advancement of the people of North Carolina during the past twenty-five years than the dentists of this State. I am happy to see such a magnificent company present this evening, and I am particularly delighted to see the ladies present.

I was very much pleased with the introduction my dentist friend, Dr. Reece, gave me. He was very kind compared with the incident which happened to the blind Senator from Oklahoma. In introducing him, the speaker said: "I am going to introduce to you a most distinguished man. Don't get worried, because I am not going to make a speech. I am going to present to you at this time the man who will bore you with one." (Laughter.) My friend on my left has been very kind to me.

I recall an incident which happened to Dr. Abernathy one time. Some of you have probably heard me tell this before, but I think it will bear repeating. Dr. Abernathy was, at the time, President of Rutherford College. He had been invited to speak at some celebration in the good County of Wilkes. He was dressed for the occasion in a high silk hat, frock-tail coat, and was very distinguished looking. As he walked down the street of the town, he was accosted by one of the local people, who inquired: "Say, Colonel, what office are you running for?" Dr. Abernathy drew himself up to his full height and very solemnly replied: "My man, I am a candidate for the Kingdom of Heaven!" To which the fellow replied: "You're bound to win; nobody up here running against you!" (Laughter.)

I was talking to a dentist just before we came into this hall, and asked him how it was that the dentists had made such wonderful progress. He replied: "It is because we all *pull* together!" (Laughter.)

I will call on Dr. D. S. Cook at this time.

Dr. D. S. Cook, Lenoir:

I have here the report of the Golf Committee, and as I call the names, will these people please come forward and receive the prizes.

Mrs. P. B. Whittington receives the Ladies' Prize.

In the first handicap, Dr. W. J. Miller receives the first prize. Dr. D. T. Waller, Dr. E. M. Medlin, and Dr. F. C. Mendenhall are tied for second, third, and fourth places. Dr. S. E. Moser and Dr. Ralph Jarrett are tied for fifth place. Dr. R. C. Spoon wins the booby for the first handicap.

For the second handicap, Dr. George C. Hull is first; Dr. A. S. Bumgardner is second; Dr. L. C. Coble, third; and Dr. Ralph R. House is fourth. Dr. E. B. Howle wins the booby for that handicap.

For the third handicap: Dr. T. A. Branham is first; Dr. W. J. McDaniel, second; and Dr. D. L. Pridgen is third. Dr. J. F. Reece wins the booby for that handicap.

Hon. Clyde Hoey:

Dr. E. B. Howle has something he wants to say.

Dr. E. B. Howle, Raleigh:

Mr. Toastmaster, Ladies and Gentlemen: A few years ago an old story went around that possibly some of you may not have heard and possibly others of you have forgotten. It appears that a long, sour-faced gentleman had been holding forth for some time in a very uninteresting speech and his audience had gotten very restless. Finally they commenced to talk among themselves and the speaker stood it as long as he could. When he could stand it no longer, he said: "Gentlemen, you are keeping so much fuss I can't hear myself talk." Somebody in the back of the hall replied: "Well, pardner, you are not missing a damned thing." I just want to say that you fellows in the back of the hall who are keeping so much fuss that you are going to miss something.

Two years ago the North Carolina Dental Society elected Linus M. Edwards to the highest office within its power to confer. They did not bestow this honor upon him as a sign of political preference, but because we realized that Dr. Edwards was one of the best dentists North Carolina has ever produced, because we realized that Dr. Edwards has at all times held the best interests of this organization and of the Dental Profession in highest esteem and because he is a man of the highest honor and integrity, a man in whom we could safely impose the trust. Those of you who have worked with Dr. Edwards, not only during this meeting, but within the last two years, realize how accurate our opinion of him was. Tonight it becomes my privilege to present to him on behalf of the North Carolina Dental Society the Past-President's Emblem. Dr. Edwards, we hope that this little memento will bring to you throughout your future undertakings the same success you, through your untiring efforts, have brought to this wonderful meeting. We congratulate you and extend to you our best wishes. (Applause.)

President Edwards:

Thank you, Dr. Howle. Members of the North Carolina Dental Society, ladies and guests: When a person does not have just the words to express what he feels, I think the wisest thing he can do, for his audience's sake is to say nothing. So I am going to make what I have to say very short—if not snappy. I appreciate this more than anything I have ever received, and from the bottom of my heart, I thank you all. (Much applause.)

Hon. Clyde Hoey:

Dr. J. H. Wheeler will present emblems to the Past Presidents.

Dr. J. H. Wheeler, Greensboro:

Mr. Toastmaster, Ladies and Gentlemen: This microphone has deprived me of what I thought was going to be an outstanding event in my life: That I might take my stand in the center of the hall and be the center of attraction. This microphone has deprived me of that pleasure. (Laughter.)

I think it very fitting, very wise, very courteous that in the communities in which live those of our members who have been Past Presidents and have not received a Past President's Emblem—their term of service having antedated this custom—their fellow dentists should recognize the service rendered when they were Presidents of this Society, and have presented to them a Past President's Emblem. It is an act of appreciation and thoughtfulness as an indication of their feeling for them of the service they have rendered to us in the years past. I think it is an honor that is due them and I say it to the credit of the communities in which they live that they are so appreciated in their home towns that these men have felt it in their hearts to express publicly, this way, their appreciation.

Therefore, I ask Dr. J. R. Osborne, President of this Society in 1906-07, Dr. J. C. Watkins, President in 1909-10, Dr. H. O. Lineberger, President in 1925-26, Dr. Arthur H. Fleming, President in 1910-11, to come forward, and I will be glad to say a word or two to them. (Applause.)

Dr. Osborne, I know you will appreciate this. It is presented to you by your friends in your home town. You served the Society well in 1906-07 when you were President, and since. The wisdom of your counsel and your very presence has been a great help to us throughout these years. I am very grateful for the privilege of being allowed to present to you this expression of your fellow men. (Applause.)

Dr. J. R. Osborne, Shelby:

I want to tell you about an old friend of mine, an old mountaineer back in the early days. He was one of the best men I ever knew, but he had one or two little failings. One was that he would take a drink of liquor, and another, and another. His wife was very averse to that. He had to do most of his drinking on the sly. He had his jug hid down the mountainside, and occasionally he would go down and imbibe. One day he went down and took one, two, three, and more drinks. He got pretty full. He sat down on a log and presently he said to himself: "Mandy doesn't like this, but we must always be prepared for snake bites." He reached over to get the jug to take another drink, and a snake was laying right there—sure enough!—and it struck but missed him. He says, "Strike, damn you, strike! I'll never be better prepared!" (Laughter.)

There were a couple of Irishmen working at one of these big compresses which takes several bales of cotton and reduces them to the lowest common denominator, you know. (Laughter.) One of them looked over at the other and said: "Pat, I wish I had you in that thing. I would squeeze the devil out of you." Said the other one: "If you had the devil squooze out of you, there wouldn't be anything left!" (Laughter.)

I want to tell you tonight, from the bottom of my heart, that if you took away from me my love for you and for the good things you have said about me, and the pleasure I have had in your company, there wouldn't be a doggoned thing left! (Much applause.)

Dr. J. H. Wheeler:

Next is Dr. J. C. Watkins. Conard, I know you will wear that with the same pride and sense of satisfaction that those of us who came after you not in years so much but in period of service wear ours. You will find it will grow on you and you will look at it occasionally and it will cause a kind feeling toward your fellow dentists in the Dental Society. (Applause.)

Arthur Fleming. Arthur, you have been an old wheel-horse in this Society. You have been a fellow we could depend on. If we needed a fight, we could get it and if we needed a good backing, we could get it. You have carried the interest of the North Carolina Dental Society in your heart all of these years. Your friends and neighbors want you to know how much they appreciate what you have done for this Society, and I say to you as I told the

others, you will appreciate this emblem and it will grow upon you as you wear it from year to year. (Applause.)

Dr. H. O. Lineberger. Dr. Lineberger, the same thing applies to you. We recognize the work you have done not only in your own State, but that you have done more so than most of us with the National Association, and we congratulate you on the work you have been able to do in the National Association through your own local Society. We remember the days with pleasure when you served the Society as President. You will enjoy that emblem much more five or ten years from now. Wear it and think of your friends. (Applause.)

Mr. Hubert Hayes, accompanied by Mrs. Hunt Gwyn, rendered a solo, which was received with much applause.

Mr. Ward, of Charlotte, entertained the assembly, which was followed by hearty applause and laughter.

Mrs. Gertrude Courtney Blackburn, accompanied by Mrs. Hunt Gwyn, rendered several vocal numbers which were received with applause.

Hon. Clyde Hoey:

I have the pleasure to present to you the citizen, the soldier, a North Carolinian, a high type of American manhood, the Honorable Henry L. Stevens, former National Commander of the American Legion. (Much applause.)

Hon. Henry L. Stevens:

Mr. Toastmaster, Mr. President, Members of the North Carolina Dental Society, Ladies and Gentlemen:

I am very grateful tonight for the very flattering introduction given me by that distinguished North Carolinian, the eloquent and distinguished Toastmaster, and I am delighted to stand in the reflected glory of such a stalwart lad as he. I am also happy to have the opportunity of addressing a meeting of this character. I have gone from place to place throughout the Nation to talk to soldiers, but never before have I had the opportunity to step into another profession and deliver myself of a message.

When I got up here this afternoon and saw the crowd milling about the hotel, I was simply surprised at the magnitude of your convention. But perhaps I have used the wrong word.

Did you ever hear that story about Noah Webster. He is the fellow who wrote the dictionary, you know. (Laughter.) He had a cracking good looking female secretary, and one day Mrs. Webster suddenly popped into Mr. Webster's study and saw the secretary sitting on Mr. Noah's lap. "Well," she said, "Mr. Webster, I am surprised!" Mr. Webster said, "Mary, will you never learn the correct usage of the English language? You are not surprised; you are astonished." And

so, I was astonished this afternoon to find such a large number of people gathered for this meeting and intermixed among the outstanding dentists so many gorgeous women. (Applause.)

You know, coming from the South and being pretty proud of it, when I got up in Yankee-land two or three years ago, I told them I was from the Deep-South, and they immediately wanted to know what I meant by Deep-South. I immediately responded that the Deep-South was that portion of the South where the beauty of our women was never shadowed. (Applause.)

You know, my friends, it is a right difficult thing to know what is the most appropriate subject to talk to an audience of this kind about. As I said a moment ago, I talked a lot to soldiers. I know what suits them. Being a lawyer, I know what is appropriate to say to the legal profession. But I could not make up my mind for a while what was the appropriate thing to talk to dentists and their beautiful wives about.

I recall a certain lady from the North—a good looking woman—from New England, who was very much interested in bird life, and she went down to Florida to spend the winter. While there she had an excellent opportunity to study bird life and while there saw some new types of birds. She could not tell the male from the female, and so one morning she rushed down to Jim Thomas' Bird Store and said: "Mr. Thomas, I am a student of bird life, but there is one thing I do not understand about birds: How do you tell the male bird from the female bird?" Jim replied: "My dear lady, that is quite simple. If you get up very early in the morning, when the birds first begin to feed, you will discover the male birds eat the male worms and the female birds eat the female worms." "But," she said, "Mr. Thomas, that does not help me a bit. How then do you tell the male worms from the female worms?" Jim said: "My dear madam, this is a bird store. The worm store is two blocks down the street." (Much laughter and applause.)

That reminds me of another little story. This fellow had a little two-story house with a latticed back porch on the first floor, and he was accustomed to leaving the back door unlocked each evening when he went to bed in order that the milk man the next morning might deposit the quart or half-gallon of milk in the refrigerator on the back porch without waking up the family. On this particular night he had forgotten to leave the back door unlatched, and early the next morning, in the first gray of dawn, the milk man knocked on the back door. This fellow fumbled around, as we all do when we are suddenly awakened, and put around him the first article of clothing he put his hands on. He went down the steps and unlatched the door. The milk man came in, threw his arms around this fellow, and kissed him several times. The man thought that was most unusual conduct for a milk man. He began to study about it and by the time he got back to his bedroom, he had come to the conclusion that the milk man's wife had a purple kimona just like his own wife. (Laughter and applause.)

Let's all have a good time tonight, folks, and that calls for another story: Back when I was a young fellow, and had just started the practice of law, I had been appointed by the Court to defend a man in a murder case. I had worked hard on it, having forgotten everything else—even the fact that I only got \$25 for appearing in the case—and

after three or four days of testimony, the case finally went to the jury. Just as I started arguing the case, the kind old Sheriff placed a pitcher of ice water before me. During my argument I unconsciously consumed that entire pitcher of ice water. Whereupon, my good friend Rivers Johnson, in closing the case for the State, said: "If it pleases your Honor, and you, gentlemen of the jury, this is the first time in my life I ever saw a windmill run with water." (Applause.)

My friends, last Saturday morning I was down east on the broad Atlantic, indulging in my favorite avocation of catching some fish. This morning, I found myself coming up through the Piedmont and into Western North Carolina. When I saw the magnitude of these hills, I could not for the life of me help but remember the prophet of old when he looked up and said: "I lift up mine eyes to the hills from whence cometh my strength." Coming from the shores of Eastern North Carolina into these magnificent hills and mountains, I came into a full realization of what we here in North Carolina have. We have six hundred miles of vast domains, bordered on one end by the heaving Atlantic and on the other by these gorgeous mountains. The thought then came to me what I should talk about tonight. I know nothing about dentistry except the fact some of you brethren have caused me to suffer a great deal in the past, and now I have you where I can pay you back. (Laughter.) The thought did come to me this morning that perhaps here was a group of individuals who constantly, day by day, had under their watchcare and in their offices people from every walk of life within the State. That you could perhaps be a medium by which and through which these feeble words of mine might get back to some of those North Carolinians.

I love to think of America in terms of North Carolina. I love to remember that back yonder some several decades ago our forbears left these parts that were then fairly well established and wended their way amidst the Indian tribes over the sandy plains of Arizona and New Mexico to build on the coast of the calm Pacific a new empire. I like to think of the pioneers who settled this country, of the fine industries that have been established in our State and throughout the Nation by our forebears. My message to you tonight is that we must keep holy, keep existent those things which secure the foundation of this America of ours. There is a sneaky, crawling serpent seeping in by night, ready to spring up throughout our country and State. Not so much in North Carolina as in other states, but it is on its way. It is on its way here. I am speaking of Fascism, Nazism, Communism, and Socialism, and all these other forms of —isms. They are making their inroads through the small minds, through the people who will take your places and my place just day after tomorrow. They are preaching it in some instances from the pulpits. The thing, if carried out, can be calculated to wreck the foundations of our Commonwealth and the entire temple will tumble about our heads.

You must not think that I am a militarist, because there is nobody here who encourages peace more than I. Do not get that idea as I talk to you.

There was a boy in my little country town, a friend of mine, who ten years or more ago left North Carolina to occupy the pastorship in a

large church in Chicago. He returned to his native town for a visit, and was invited to preach in the church in which he was ordained. He openly, from the pulpit, advocated what he termed a new social order, and called upon the people in that town to take a pledge that if the United States had to go to war, or went to war, they would not support their own Government, it mattered not what the cause might be. That may represent a new social order to some people, but to me it represents insidious treason. People in this State are not accustomed to doctrines of such character. People in this State have bragged about it since time immemorial that less than one-half of one per cent of our population is foreign-born. We believe in these institutions of ours.

It is time for us to look up at our Flag, for all that it symbolizes, and see that it is time for us to stop these anti-American ideas from reaching our people, and you can carry this message to Garcia in the form of the individual patients you treat from day to day.

There are people who under the guise of peace are fighting openly the existence of the ROTC units, particularly in the land grant colleges, people who oppose CMTC training, which broadens the vision, deepens the soul, and sends our boys back better Americans.

I love to think of a sight I saw just three years ago way over yonder in Wisconsin, where they have a great percentage of foreign-born population. I went with this man to his home that night, and he took me back in his little boy's room to see him go to bed. You know what he did before he retired? He knelt down and said his prayers. He then stood erect and saluted the American Flag which was hanging over his bed. Then he laid down to sleep in peace and security.

As long as this Nation and this State keeps the Bible in its hand and the Flag of our country in its hand, we cannot fail but to go forward! (Much applause.)

There are a lot of things we can learn from other people. I have always had a very distinct and abiding affection for Canadians. Those people are combatting these —isms which are fast creeping into American life and were then creeping into Canadian life. They wrote upon the statute books thirty-one years ago if any man express any theory or doctrine diametrically opposed to the then existing Canadian Government, or subversive in character, they should be guilty of a crime and sentenced to prison. I would like to see the Congress of the United States write that into our Federal statute books, so that these people throughout the land who advocate the various —isms would not be able to go about the country, from place to place, advocating the overthrow of this great Government of ours by force of arms! It should be done. The day will come when it will have to be done in order to secure peace, liberty, and the fundamentals that have been handed down to us for generations.

I love to think we here in North Carolina have too much sense to be swept off our feet in any such maelstrom of confusion. I believe that we will be the last to embrace any such doctrine as that. It is something you cannot laugh off. It is something you cannot be indifferent to. I do not believe any person present believes in community property. I believe and you believe in property rights. We cannot tolerate

the doctrine of free love, which is the handmaid of Socialism and Communism. I do not believe we can destroy the foundation upon which we have built this great country of ours. I do not believe that we can tear down the Stars and Bars and have it replaced by the Soviet flag of Communism. Thank God I am an American and thank God I am a North Carolinian, and I hope my mind will never weaken so that I will forget those things! (Applause.)

Preserve America for Americans. I think it would be a holy and sacred duty, a high privilege for you to be ambassadors in this time of stress, when financial depression, hunger, and naked bodies have given these people a chance to infiltrate our ranks and come in with doctrines of subversion. It would be a great thing for you to appoint yourselves single and individual ambassadors to carry that message to everybody in your community. I believe that so long as our Government stands, so long as we have virulent manhood and the blood in our veins which I think we have, we cannot forget and we never shall forget the things symbolized by that Flag under which many of you fought, and which has been described so magnificently by the poet, and—

Follow that brave Flag,
That bright Flag,
That Flag to lead the free.
The glory of its silver stars,
Engrailed in blue above its bars.
The red for courage,
The white for truth,
It drew one hundred million souls
To follow after that,
Our brave Flag,
Our bright Flag,
Our Flag to lead the free.
The hand of God the colors blend,
And Heaven to earth her glory lends,
To shield the weak,
To guide the strong,
To put an end to human wrong,
Follow that brave Flag,
That bright Flag,
That Flag to lead the free.

(Much applause.)

The banquet session adjourned at 9:50 o'clock p.m., Tuesday, June 18, 1935.

SECOND DAY—TUESDAY, JUNE 18, 1935

ELECTION

The meeting was called to order at 10:05 o'clock p.m., in the Ballroom at the Mayview Manor, by President Edwards.

President Edwards:

The order of business at this particular time is the election of officers. I will appoint to act as tellers, Dr. Wilbert Jackson, Dr. A. T. Williamson, Dr. A. Pitt Beam, and Dr. E. B. Howle.

Will the District Secretaries stand over here and check up on the members as they pass through, and see that no one gets by and votes who is not entitled to vote.

Dr. Wilbert Jackson made an announcement concerning the manner of voting.

Nominations are in order for President-elect.

Dr. A. S. Bumgardner, Charlotte:

Mr. President and fellow members of the North Carolina Dental Society, at the request of the many friends of the man who has served so faithfully as Secretary-Treasurer for three years, it is my honor tonight to present the highest tribute paid any member of this organization to our faithful servant, Dr. Pridgen, who I nominate for the office of President-elect of the North Carolina Dental Society. (Applause.)

Dr. W. D. Gibbs, Charlotte:

I would like to have the privilege and honor of seconding Dr. Pridgen's nomination for President-elect. I quite agree with the nomination. I think he is most deserving and most capable in every sense.

President Edwards:

Are there any other nominations for President-elect?

Dr. P. E. Horton, Winston-Salem:

I move the nominations be closed and the entire vote of the Society be cast for Dr. Pridgen.

Dr. Geo. C. Hull, Charlotte, seconded the motion, which was unanimously carried.

President Edwards:

Dr. Pridgen, it gives me great pleasure to cast the entire vote of the North Carolina Dental Society for you as President-elect. (Applause.)

Secretary Pridgen:

Mr. President and Fellow Members of the North Carolina Dental Society: Your action, coming as it does, almost overwhelms me. I would indeed be ungrateful did I not express my deep appreciation for the honor. However, I appreciate it not so much for the honor itself, but because I feel that by your action you have given your approval to my feeble efforts in behalf of the Society during these past three years. I assure you I shall at all times endeavor to prove worthy of your confidence. (Applause.)

President Edwards:

Nominations are in order for Vice-President.

Dr. C. C. Bennett, Asheville:

A number of things go into the making of a successful Dental Meeting. To men who are responsible for the success of meetings of this nature should be given credit, and we should pay them the honor and promote them in some way to some high office in the Society. We come here to begin with and we have clinics and exhibits and then after that is done, we have a political campaign to see those men come into office we are interested in. As a matter of dessert to the meeting of the North Carolina Dental Society, it so happens it is necessary for us to place those men that we are most interested in in holding office, holding the leadership in the North Carolina Dental Society. It is not necessary for me to say to any member or to try to explain what has been done here to make this meeting a success. It is not necessary to say that our District is deserving of some laudable representation for the service rendered by these men who have made this meeting a wonderful success, and I take great pleasure in placing the nomination of Dr. J. F. Reece, from Lenoir, who has worked untiringly for months, or a year, to make this meeting a success. (Applause.)

Dr. D. S. Cook, Lenoir:

May I have the honor of seconding that nomination. I just want to say this: That if the young men of the North Carolina Dental Profession ever had a friend, it is Dr. Reece.

Dr. O. C. Barker, Asheville:

Fellow Members of the North Carolina Dental Society: I wish to place a nomination. I have been urged by many of my closest friends to nominate him. I did not know my other friend would be nominated, so as I promised to do this, I take great pleasure in nominating the Past President of the First District Dental Society, one of the best we have ever had, and if it were not for the fact some of the Past Presidents of the First District are bigger men than I am, I would tell the truth and say he is the best President we ever had. So I take great pleasure in nominating my good friend, Dr. A. D. Abernathy, from Granite Falls.

Dr. J. N. Johnson, Goldsboro:

A particular friend of mine came to me in Wilmington and said: "Johnson, I want you to help me do one thing, and that is to bring the meeting to Blowing Rock." I says, "Where in the hell is Blowing Rock?" He told me it was a place where you could throw a handkerchief or a hat over and it would come right back and hit you in the face. I said I would like to see it. I says, "I have known you thirty years and I am your friend. You have been a loyal and regular member of the organization. It might not be good politics for us to travel all the way up there in the hills, but my friendship transcends anything in the world, and my friends are the most important things in the world, but even bigger and greater than that is the service you have rendered the organization, and Abby, I am going out and get every man in the Fifth District to vote for your Blowing Rock. We will go up and see how she blows!" And she does very well. (Laughter.) This is the finest place I have been in my life, and I am here by virtue of the fact that one friend of mine, a strong man in the organization, extended that invitation. So, therefore, it gives me a great deal of pleasure to second the nomination of Dr. Abernathy. I could go on and talk all night about Abernathy. Of course, he is a little cock-eyed, but he is regular! (Applause.)

Dr. Wilbert Jackson, Clinton:

I am here because of the invitation of one man, too. You all remember, as I do, down in Wilmington those very, very hot days during the meeting last year, and when the invitations were being extended for the 1935 meeting, one man, a friend of mine, says, "Won't you vote for the meeting to go to Winston-Salem?" I says, "I will, provided nobody invites us further west." When

my friend Reece arose to the occasion and extended that wonderful invitation to go to Blowing Rock, I says, "I am for Reece and Blowing Rock." Fellows, I am for Reece tonight. I am not against Abernathy, but I am for Reece because of the wonderful invitation he extended and the campaign he put on to make this meeting the wonderful success it has been. I want to second the nomination of Dr. Reece. (Applause.)

Dr. Geo. C. Hull, Charlotte:

I would like to make a motion that the nominations be closed.

There were several seconds to the motion to close the nominations.

Dr. J. Martin Fleming, Raleigh:

Before that, I want to say it gives me a great deal of pleasure to endorse Dr. Reece.

The motion to close the nominations was duly and unanimously carried.

President Edwards:

We will proceed to vote.

Dr. Wilbert Jackson, Clinton:

Dr. Reece received the majority of the votes.

The Floor:

What was the vote?

Dr. Wilbert Jackson:

Dr. Reece received one hundred four and Dr. Abernathy received forty-four. (Applause.)

Dr. A. D. Abernathy, Granite Falls:

I make a motion that we make the election unanimous.

There were many seconds from the floor, followed by applause. The motion was unanimously carried.

President Edwards:

Nominations are now in order for Secretary-Treasurer.

Dr. S. E. Moser, Gastonia:

I would like to place the name of a man for this office who has given unselfishly of his time and efforts for the past eight years to the work of the North Carolina Dental Society. I have reference to Dr. Frank O. Alford of Charlotte. I have known Frank for ten or twelve years as a man and know his character and integrity to be unquestioned. I have known him ten or twelve years as a dentist and I think all of us can attest to his ability as a dentist.

There were several seconds from the floor.

Dr. E. B. Howle, Raleigh:

I have known Dr. Alford for a long time. He has ability, personality, and he is a man that if we elected him Secretary, will make us an ideal Secretary, I am sure. I wish to second the nomination of Dr. Alford because I feel like he has given unsparingly of his time and energy to make the North Carolina Dental Society a better Society.

Dr. S. E. Hamilton, Charlotte:

I have known Alford in his office and I know him in our personal contacts, and I don't believe ever a finer boy lived than Frank Alford.

Dr. J. N. Johnson:

I move the nominations be closed and the Secretary instructed to cast the unanimous vote of the Society for Dr. Alford.

The motion was seconded from the floor and unanimously carried.

President Edwards:

I will ask the Secretary to cast the vote for Dr. Alford.

Secretary Pridgen:

It gives me a great deal of pleasure to cast the unanimous vote of the North Carolina Dental Society for Dr. Alford as Secretary. (Applause.)

Dr. F. O. Alford, Charlotte:

Mr. President and Members of the North Carolina Dental Society: I greatly appreciate the honor you bestow upon me. I shall do my utmost to fulfill the office and maintain the high standard set by Dr. Pridgen. (Applause.)

President Edwards:

We now come to the election of two members to the Board of Examiners. Those going off the Board this year are Dr. Minges and Dr. Carr. Nominations are in order.

Dr. S. R. Horton, Raleigh:

I don't think there is anything in your hands to give that is as important as the Board membership. Unless I am badly deceived in the signs of the times, we are going to need strong men with strong backbones on the Board in North Carolina in the years next ahead. I have been associated very closely with some mighty fine men on the Board of North Carolina in the twenty-six years I have been in the State practicing dentistry. I have associated with old Dr. Turner, and most of you old fellows will remember him, and I am proud to say that I have numbered a great many friends on that Board. I have known them as strong men, and I think the strength of our Board is responsible for the wonderful organization we have here in North Carolina. I think further that a man cannot be elected to the Board of Examiners of North Carolina and walk right in and be a one hundred per cent man. He has to give time and energy. I take a great deal of pleasure tonight in presenting the name of a man I have watched very carefully for the last few years. When he was elected to the Board, I told him: "You have tackled about the toughest job I know of and you had better get busy right now and work to fit yourself for this job." In all of the twenty-six years I have been in the State and known these strong, good men, I have never known one to give more time and more energy and more conscientious effort to hold that job than the man I now take pleasure in nominating—Dr. Clyde E. Minges. (Applause.)

Dr. S. E. Moser, Gastonia:

I should like to second the nomination of my dear friend, Dr. Minges. To have the title of being a member of the State Board of Dental Examiners is no fool's paradise. These fellows hold the destiny of North Carolina Dentistry. Dr. Minges is for the progress, development, and high standard of North Carolina Dentistry and I take great pleasure in seconding the nomination.

Dr. W. F. Bell, Asheville:

I have known Clyde Minges for a number of years, and to know him is to love him. I have had the privilege of working with

him on the Board of Dental Examiners. I do not know a man of keener mind, better sense of judgment, a man more proved than Clyde Minges. I have also had the privilege of seeing him at the National Dental Association, at the National Association of Dental Examiners, and when Clyde Minges gets on the floor, his opinions are respected, and I do not think we can do better than return Clyde Minges to the Board.

Dr. C. A. Graham, Ramseur:

Members of the North Carolina Dental Society, it gives me peculiar pleasure to second the nomination of Dr. Minges, because I know that he will serve with justice to the young man that comes up before him and with honor to our great profession.

Dr. J. N. Johnson, Goldsboro:

I don't know this fellow Minges as well as some of you gentlemen do, but I do know one thing, that he is one of the finest fellows I ever met in my life. I know something about what constitutes a good examiner. I had kind of a record as an examiner. It was told around the country that I wouldn't pass my own grandmother (laughter) and it got so high, some people said I wouldn't pay any attention to God Almighty. (Laughter.) Clyde was harder than I was. I don't want to make a speech about Clyde Minges. You all know him better than I do. I am talking about an examiner. I am interested in the things that benefit the Dental Society. The Examining Board is the lamina-dura, the thing that separates the good from the bad, the sheep from the goats. I served on the Board a number of years. So did Martin Fleming—there he is—and he was a good examiner. Now we are going to put up another fellow I know is one of the best in the world, and therefore I want to move the nominations be closed and the unanimous vote of the Society be cast for Dr. Clyde Minges. (Applause.)

The motion was seconded from the floor.

Dr. R. F. Hunt, Rocky Mount:

You have heard about Minges from different sources, but I want to say this: It was my privilege to practice in the town with him and be associated with him for five and a half years. I can truthfully say since he has been appointed to this high position as Dental Examiner, he has spent many a night until four o'clock in the morning studying his subject in order to give an intelligent

examination. He appreciates the responsibility that goes with the position. I feel that from the work he has done, and the effort he has given to this important work, we should close the nomination and elect him by acclamation. (Applause.)

The motion to close the nominations was unanimously carried.

President Edwards:

I will ask the Secretary to cast the ballot.

Secretary Pridgen:

I take sincere pleasure in casting the unanimous ballot of this Society for Dr. Clyde Minges to succeed himself on the Board of Dental Examiners. (Applause.)

Dr. Clyde E. Minges, Rocky Mount:

I do want to tell how very much I appreciate this honor. I assure you, one and all, that I will exert every effort to honorably and honestly and conscientiously fulfill this trust. I thank you, gentlemen. (Applause.)

President Edwards:

Nominations are in order for another member of the State Board of Dental Examiners, to succeed Dr. H. C. Carr.

Dr. D. K. Lockhart, Durham:

I want to nominate Dr. Henry Carr to succeed himself. He has served just one term and he has been such a good man and such a good worker, his fellow members made him President of the Board. I feel he is just getting into his stride and he is doing fine work. At this time I think we need the best men we can get. I take a great deal of pleasure in nominating Dr. Henry Carr to succeed himself.

Dr. W. L. McRae, Red Springs:

I want to second that nomination.

Dr. C. C. Bennett, Asheville:

I move that the nominations be closed and that the unanimous vote of the Society be cast for Dr. Carr.

There were several seconds from the floor, and the motion was unanimously carried.

President Edwards:

I take pleasure in casting the entire vote of the Society for Dr. H. C. Carr to succeed himself on the State Board of Dental Examiners. (Applause.)

Dr. H. C. Carr, Durham:

I am very grateful to you men for this confidence you put in me again, and I will assure you I am mindful of the trust you place in me. I will strive in the future as in the past to carry out my obligation. (Applause.)

President Edwards:

Nominations are now in order for the election of one delegate to the A. D. A. meeting.

Dr. Paul E. Jones, Farmville:

I would like to place the nomination of H. O. Lineberger.

The nomination was seconded from the floor.

Dr. A. Pitt Beam, Shelby:

I move that the nominations be closed and that Dr. Lineberger be elected by acclamation.

The motion was seconded from the floor and unanimously carried.

President Edwards:

Next in order is three alternates. Who will you have?

Dr. Geo. C. Hull, Charlotte:

I would like to place the name of Dr. Johnson, of Goldsboro, for all three of those. (Laughter.)

Dr. W. F. Bell, Asheville:

I would like to second two of those. (Laughter.)

President Edwards:

We will take that as one. We need two more.

Dr. H. O. Lineberger, Raleigh:

I would like to nominate Dr. Paul Jones. Seconded.

Dr. Wilbert Jackson, Clinton:

I would like to nominate Dr. Bob Olive. Seconded.

It was moved from the floor that the nominations be closed and that Dr. Johnson, Dr. Paul Jones, and Dr. Bob Olive be elected by acclamation. The motion was seconded and unanimously carried.

President Edwards:

I will ask the Secretary to cast the ballot.

Secretary Pridgen:

Gentlemen, it gives me pleasure to cast the vote of the Society for Dr. J. N. Johnson, Dr. Paul Jones, and Dr. R. M. Olive as alternates to the A. D. A. meeting.

President Edwards:

We come now to the selection of a place for the meeting next year.

Dr. R. A. Little, Asheville:

Following a time honored custom, I want to invite the Society to meet at Asheville, with headquarters at the Battery Park Hotel. It is an ideal place to meet.

Secretary Pridgen:

I should like to read a few telegrams: One addressed to Dr. Ralph Jarrett, signed by the Charlotte Chamber of Commerce: "Be sure and secure the Dental Society Convention for its next convention to be held in Charlotte. Counting on you Charlotte fellows to put it over for Charlotte. We pledge our wholehearted coöperation."

One addressed to the North Carolina Dental Society: "We extend cordial invitation to hold your next annual convention in Charlotte. We have ample accommodations and assure you of our wholehearted coöperation to make it your best convention." Signed, Charlotte Chamber of Commerce.

One addressed to Dr. L. M. Edwards, and signed by the Winston-Salem Chamber of Commerce: "Winston-Salem sends felicitations to the North Carolina Dental Society and hopes that your meeting will be most enjoyable and successful; and at some time in the near future it is hoped that we will have the pleasure of having you meet in this city."

I received the following letter from the Carolina Hotel, Pinehurst: "Will you kindly extend to your Association at their meeting to be held in Blowing Rock a most cordial and sincere invitation to hold their 1936 meeting at the Carolina Hotel here. It was our good fortune to entertain your Association a few years ago and we have hoped that you might desire to return. We would greatly appreciate your consideration of the invitation herewith extended and hope that it may receive the favorable action of the organization." Signed, H. B. Emery.

Also I have a letter from the Hotel Sir Walter: "I have heard rather indirectly that your good Society will possibly meet in Raleigh next year. I assure you it would be indeed a great joy to have the N. C. Dental Society in our midst. I sincerely hope we will be so fortunate in having the Sir Walter selected as headquarters during its visit in Raleigh. I, personally, extend to you and your good organization a most sincere welcome to our city. If I can be of any service, in any way whatsoever, or arrange for the Convention, or appear before your Committee—if the above rumor is true, it will be my pleasure to do so." Signed, Roland A. Mumford.

Dr. C. C. Bennett, Asheville:

I would like to say a few words in behalf of Asheville. It has been five long years since we had the meeting, and it would be our wishes to have the meeting to go there.

Dr. E. M. Medlin, Aberdeen:

I would like to extend an invitation to Pinehurst in 1936. I have two letters here from the management of the Carolina Hotel, which I will not read on account of time, but I will say they have offered us the lowest rate next year that the Carolina has ever given, six dollars a day American Plan. Seven dollars has been the minimum up until this time. I do not know whether this will influence any of the men here or not—I did not think about it until I came to the banquet—but I was talking to Mr. Roberts and he said tell the dentists Pinehurst would be wet next year and you could have a lawful drink of liquor. In regards to the rate, a six-dollar rate at the Carolina Hotel is a very fine rate. When it comes down to the real thing, you really get what you pay for at that rate. Last year a great many expressed the desire to come to Pinehurst. All of you remember how hot it was in that hall that night when we were deciding on a meeting place, and when

Blowing Rock was mentioned, everybody decided it wasn't a bad idea. I want all you fellows to make up your minds and come down to Pinehurst.

Dr. W. F. Bell, Asheville:

I want to extend a very special invitation to meet in Asheville. We have a beautiful city, fine hotels, and wonderful sunshine. We also have most excellent moonshine. (Laughter.)

Dr. W. D. Gibbs, Charlotte:

I would like to extend an invitation to come to Charlotte. We appreciate the invitation to the Western part of the State, but I believe Charlotte is more centrally located and we have very excellent hotels. We have a most active Secretary of the Chamber of Commerce, and I can assure you a good time. We are already wet, and we would not be handicapped for that. I would like to extend an invitation to come to Charlotte.

Dr. A. S. Bumgardner, Charlotte:

I would like to extend an invitation to you to come down to Charlotte. We met in Wilmington, then in Blowing Rock, and I would like to meet in Asheville, but we can't meet everywhere. So why not switch it back to the middle of the State. You know where Charlotte is, you know our accommodations, and we would be very glad to have you. There are fifty of us there and we pledge you our support to give you every service you could possibly get. We would be very glad to have you come if you see fit in your good way to do that.

Dr. P. E. Horton, Winston-Salem:

We all appreciate the various invitations that have been extended. One has been extended by the Chamber of Commerce, but as a representative of the Forsyth Dental Society, I would like to extend an invitation to Winston-Salem. We have good rooms down there for clinics. There is ample room—three large hotels, and I hope you all remember our meeting down in Winston-Salem with some degree of pleasure. It is centrally located. Blowing Rock is, if you please, in a sense Western; we met in the Eastern part of the State before. While I have nothing to say against Charlotte and the others, we would greatly appreciate your coming to Winston-Salem.

Dr. Geo. C. Hull, Charlotte:

Gentlemen, I would like to second the desire of the Charlotte delegation to have you meet with us next year. We do have some sunshine and a little moonshine, and if you don't like moonshine, South Carolina is only about ten miles away. I would like to go to Asheville and enjoy the sunshine, and I would like to go to Winston-Salem and enjoy the Camel Cigarettes. I would like to go to Pinehurst and enjoy the scenic beauties down there, but why not let's meet in a more central place once in a while. We have had the meeting here at Blowing Rock and we have all had a grand time; we had it in Asheville and all had a grand time. We had it in Winston-Salem and in Wilmington and had fine times. Boys, get your voting clothes on and come down to Charlotte. We have plenty of hotel accommodations and we have running water in all rooms. We have sound-proof walls that some of you will appreciate. We have some beautiful scenes down there and an active, live Chamber of Commerce that will certainly look after you. Come to the Queen City of the South!

Dr. G. L. Hooper, Erwin:

I think this Society has met in every town of importance in the State. Therefore, I rise tonight and make a motion that the North Carolina Dental Society charter a boat and go to Bermuda in 1936.

Dr. R. P. Shepard, Southern Pines:

I have heard all of these fellows talking and talking about centrally located places. I don't know of a more centrally located place than Pinehurst. I want to second that motion. There are several things, I will admit, some other towns have that we do not have. We do not have noise in Pinehurst and we do not have dust and we do have the men meet together in one place and stay together generally. We have every facility for the meeting that you can get in larger towns. You can get service at Pinehurst that you cannot get in other places. Pinehurst is undoubtedly the place for it. Our registration there has always been high. I do not know how this has been, but pretty good. Let's get back in a central location and give the men in the Eastern part of the State a chance to come to the meeting.

Dr. J. H. Wheeler, Greensboro:

I have been commissioned by the Chamber of Commerce, representing the whole of Greensboro, to extend to the Society a very cordial invitation to meet in 1936 in Greensboro.

Dr. S. E. Moser, Gastonia:

I move that the nominations be closed and that we vote. There is a very expensive orchestra waiting for the dance. Just so we meet at least twenty-five miles away from my home, I will be satisfied.

The motion was seconded and unanimously carried.

Dr. J. N. Johnson, Goldsboro:

I want to say one particular thing about all the nominations made here. One particular place quoted a definite rate of six dollars a day. Furthermore, he said it was going to be wet. I would like to know how much it is going to cost when I go somewhere. We can go to John Wheeler's town and he says it will be reasonable. On the other hand, you go down to Pinehurst, and you can take along your eighteen dollars, and a little left over, and you can be sure you will be able to get home. I like to know exactly what I am going to pay when I go somewhere. But, on the other hand, I might say I could go to Greensboro, Charlotte, or Winston-Salem, and get all my liquor contributed. So, let's all vote for Pinehurst.

President Edwards:

The motion was carried that the invitations be closed and that we proceed to vote. Everyone sit down and we will vote by standing.

Dr. Wilbert Jackson, Clinton:

I move that we vote on the two highest, Pinehurst and Charlotte.

The motion was seconded and unanimously carried.

President Edwards:

We will vote by standing. Pinehurst has the majority. (Applause.)

Upon motion made, seconded, and duly carried, the meeting adjourned at 11:10 o'clock p.m., Tuesday, June 18, 1935.

THIRD DAY—WEDNESDAY, JUNE 19, 1935

GENERAL SESSION

The meeting was called to order at 9:45 o'clock a.m., by Dr. Linus M. Edwards, President.

President Edwards:

The meeting will now come to order and we will have a continuation from Dr. Jaffe.

Dr. Sidney S. Jaffe, D.D.S., Washington, D. C.:

I hope you all feel well after wandering around the hall all night. (Laughter.) I did finally get to sleep, however. If you gentlemen have any questions to ask, ask me here where I can answer them for all of you, and don't stop me in the halls and ask them. The same questions might occur to the entire group, and it is better to answer them for the benefit of all.

That makes me think of an incident that happened back when I was on the program at a meeting. A dentist came to me and wanted to know if I would be able to give him a little time after the meeting in his office. He had a very difficult set of dentures for a patient. I am always ready to help anybody anywhere. When the meeting was over I drove over to his office, and he opened the door himself. I did not recognize the man at first. I asked if Dr. So-and-So was in, and that was the dentist himself. He looked so funny, and then it struck me that the man who opened the door not only had no teeth but was dentureless as well. He looked more or less ghastly. I asked him how he, a dentist, squared himself with his patients, and he said, "I have an absolutely awful time of it." He was the patient he wanted me to see about. He said that he had tried fifty or sixty sets and he couldn't wear them, to say nothing of trying to eat with them. I asked how he squared himself with his patients. He said, "That is easy; one look at me and they want the teeth." And I thought at the time it was certainly the truth. I sometimes use the story of the woman with the glass eye. She cannot see with it, but it is worn for the appearance. Some people get dentures that never fit, and it makes me think of the woman with the glass eye. At least it fits. But dentures can be made to fit and can be made so that they are of service in the mastication of food. One man approached me in the hall since I have been here and asked me what I did

about flat lower dentures. I had rather have a mandible with no ridge that can be found than to have to try to fit one on a ridge. I have no trouble with them at all by utilizing this method. Use any method you wish to smooth down the alveola and then stitch the tissue together and you will be surprised at the nice ridge you have. It is no trouble at all to make dentures on the flat ridge, provided you make the denture very broad. I take my impression a little bit different than I would normally.

IMMEDIATE DENTURES

SIDNEY S. JAFFE, Washington, D. C.

When one views the panorama of human knowledge, can he find anything in it that has contributed more to man's happiness than his present ability to ward off or to repair the ills an unkind Nature foists upon him? I wonder whether a patient appreciates what modern dental prosthesis has done for him? Once the loss of teeth through disease or accident meant that their loser was compelled to pass through life edentulous. Now, modern dentistry can replace the lost teeth with substitutes which leave their wearer, after a time, scarcely conscious of his deficiency.

Yet, it must be remembered that the scientific advances which have permitted man to triumph over the assaults of Nature have not been achieved without spirited battles. Unfortunately, these battles have not been against ignorance alone, but also against man's innate conservatism, his unwillingness to depart from trodden paths.

In dentistry, no less than in other fields, the pioneer has been forced to battle against well-entrenched ideas and practices. It is not surprising, therefore, that the theory of immediate full restorations continues to meet with some criticism. Is it necessary for a patient in need of complete dentures to be subjected to inconvenience, embarrassment, pain, and even the possibility of permanent maladjustment, which is inherent in the widespread practice of going edentulous for a long period before restoration is done? Once sheer necessity forced the dentist to answer affirmatively. This is no longer true. For several years I have employed a technique that permits immediate full restorations, and that any competent dentist can master.

By immediate full restorations I mean construction of dentures before removal of the teeth, and insertion of the same dentures immediately following extraction, extraction and insertion being done at the same sitting. Full denture prosthesis is the replacement of a most important functional organ—one of the organs of digestion. Many of the problems inherent in full denture work are automatically solved by immediate restoration.

A. ADVANTAGES TO THE PATIENT

1. Postoperative pain is reduced and healing progresses more rapidly. This is true because the denture, acting as a splint or bandage, and being fitted immediately after extraction, will protect the alveoli against trauma and infection.

2. With my technique, there is little change in the anatomic form on the lingual side, and the change is made so easily that the patient becomes accustomed to the dentures in a short time. This is a point worth stressing. Dentists have been taught the fallacious theory too long that the alveolar ridge must be absorbed before prosthetic restoration can be attempted. Many patients are instructed to wait for weeks or even months before returning for the construction of dentures. Meanwhile, the edentulous mandible is virtually in a dislocated position. The psychologic effect, as well as the physical, cannot be exaggerated. During this edentulous period, the entire expression of the patient is changed. He feels unnatural, as though calamity had befallen him. And, very likely, he blames his condition on the dentist. Perhaps we are too apt to forget the enormous importance to the patient of the effect of an edentulous condition on his appearance. His expression altered, unable to enunciate clearly, he is miserable and hesitates to face his friends during the edentulous period. All of his embarrassment is avoided by immediate restoration.

B. MUTUAL ADVANTAGES TO THE DENTIST AND PATIENT

1. The successful outcome of the dentist's effort is promoted because the patient will be constrained not to remove the dentures, even for a short period, as his friends have never seen him edentulous, and he does not want them to do so. As the dentures are placed in the mouth while it is still anesthetized, the patient is not conscious of their presence, and when the anesthesia wears off, he is already growing accustomed to them and soon feels natural again. There is no period of social or business embarrassment for him.

2. An immediate denture supplies proper occlusal rest; hence, the patient will maintain the proper intermaxillary relationship. Naturally, he will not suffer muscle fatigue, impaired hearing, and other associated ills. This is true because the muscles of mastication will function as usual and the habitual functional paths will be kept intact.

3. I am convinced that immediate replacement helps to conserve the alveolar process. The alveolar ridge does not absorb so readily as when replacement is delayed. On the contrary, it develops into a more favorable base. The slight, uniform pressure of the denture gives great comfort to the patient, and while long periods of sustained pressure would cause absorption of the bony base, intermittent pressure accelerates calcification.

4. Immediate replacement halts persistent postoperative bleeding. Every dentist has been confronted with stubborn cases of long-continued bleeding. There is no convenient way of holding a compress for a long enough period to be effective, and furthermore, it is difficult to control the flow of blood at all with a compress in an edentulous patient. What more effective and simple means of controlling the hemorrhage can there be than a denture that fits over the bleeding area, acting as a bandage and helping to support the blood clot?

5. Centric relationship can be much more easily established by immediate replacement.

Only the ignorance of patients has made it possible for members of the dental profession to extract all of a patient's teeth without giving

him an immediate substitute. The public at large accepts an edentulous period as a necessary evil, but this condition of affairs cannot long continue. Formerly, it could not be helped, because (1) impression technique was faulty; (2) balance articulation was not understood; (3) most dentures were a series of failures. Dentists did not wish to add to their store of troubles. But today, with the increased knowledge of perfected techniques, there is nothing against immediate replacement.

SURGERY

The construction of dentures should not be attempted unless the patient will permit preparation of the mouth surgically. In immediate denture work, the situation is ideal to perform this service well. Anything that savors of a surgical operation strikes terror in the hearts of most people; but the fear of the preparation of the mouth should be groundless. When the ridges are properly prepared, there is less danger of persisting tender areas, and the gums heal more quickly.

I do not favor spectacular surgery. One should guard against that. The skill of the dentist interested in immediate denture work may be judged by his ability to remove the tooth with the granuloma and any sharp edges of bone. I believe in preserving the labial and buccal plates, and surely the lingual, so that the artificial teeth may be set where the natural teeth were and yet be set against a ridge to support them. A dentist should be able to detect bony abnormalities and correct them. Extensive osseous developments, or prominence in the tuberosity regions, and razor edges of the alveolar ridges, especially on the mandible, should be treated at this time. If they are not corrected, it will be impossible to construct dentures that will be pleasing to the eye, and comfortable to wear. If infection is present at the apexes, there is further necessity for removing enough of the bone to gain access to the parts involved and to curet properly.

LINGUAL MATRIX AS A PRE-EXTRACTION RECORD

More and more dentists are coming to the realization of the necessity of taking pre-extraction records as a means of reestablishing the facial characteristics that existed prior to extraction.

Several methods are in use today. The most common are the wax mask of the face and photographic records, and a profile of the exact size which is cut out and fitted to the face. Both of these methods require rather elaborate equipment, and, at that, the teeth can only be placed in their place by measurements and visual comparison. There is no definite way of proving that they are absolutely in the same cranial position as the natural teeth were.

The use of any lingual matrix (1) requires no special equipment; (2) it assures not only an absolute method of positioning the teeth as they were before extracting, but also (3) a proper interdental opening, and thereby absolutely reproduces the facial contour.

The lingual matrix serves a double purpose: (1) It can be applied in every case of immediate denture, and (2) may be used to insure absolute cranial placement of artificial teeth when the dentures are made any time after extraction; thus, positive reproduction of facial contours is insured. (Applause.)

President Edwards:

Dr. Samuel Gordon will continue with his lecture.

Dr. Samuel M. Gordon, Ph.D., Chicago, Ill.:

We were late yesterday in getting started and in fairness to the speaker who followed me, I did not give you an opportunity to ask any questions. It might be well to take about fifteen minutes this morning to let you ask any questions which you might have on your mind.

President Edwards:

Are there any questions anyone would like to ask Dr. Gordon?

Dr. H. O. Lineberger, Raleigh:

What effect will the new drug and cosmetics bill have upon your work, if any?

Dr. Gordon:

It will have very little effect, because the bill, if it does pass the House—and it is not a very good bill at that—does not provide sufficient appropriation to do the work. We will never have a good food and drug bill until the people of our country become conscious of the need for such legislation, and put some teeth into it. Our voters will have to get behind their congressmen and stick a red-hot poker in a certain part of the anatomy of all the congressmen to get the necessary support of a good food and drug bill, and to give the administration plenty of appropriation. The food and drug administration gets about one-tenth of one cent for every person in the country for the enforcement of the food and drug act. It will have no effect whatever on our work. If we want any correction of the present situation, we must lift ourselves up by our own boot straps. We hope that the new food and drug bill will include cosmetics and all advertising. Cosmetics are more dangerous than some of us think. For example: There is a certain preparation that is sold for ten dollars for a little jar. After using it a couple of weeks, the people who used it became permanently blind. The new act will touch that, but it is far from what we all hope for. We hope, however, as we continue with our work long enough, we will set the standard and be the pacemakers for the Government, rather than the Government being the pacemaker for us. As long as there are men and women in the advertising business and as long as there are sixty suckers born every hour, there

is going to be this type of advertising that we are fighting. Amytal, Barbital, Midol, and Hexin are advertised in the best magazines. Such drugs as those bring on this fatal disease of granular cyto-stasis angina.

Dr. J. S. Frost, Burlington:

Does acetanilid do that?

Dr. Gordon:

It does something else. I will bring that out. It is now eleven thirty-five, and I am going to take only about fifty minutes. I know you are in a hurry to get away, and if any of you want to leave, you will not hurt my feelings a bit.

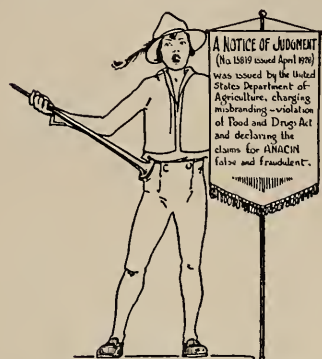
PREOPERATIVE AND POSTOPERATIVE MEDICATION FOR DENTISTS AND ORAL SURGEONS

The title immediately suggests a topic of interest to dentists. Dentists are interested in performing their operative procedures with as little pain as possible to their patients. In my talk yesterday I mentioned some of the products sold for this laudable purpose, but which really represented an imposition on the practitioner's pocketbook. I also pointed out some simple recipes to be used locally for the relief of pain from tooth sockets or other parts of the wounded alveolar apparatus. This evening I am going to present some simple drugs that may be used for the relief of anxiety, apprehension and, if necessary, pain, sleeplessness and excitement after dental operation. The plan includes only a few drugs, time-proven, and all of which appear in the book, "Accepted Dental Remedies."

It would be well to discuss briefly the part the dentists play in unwittingly acting as a cheap advertising medium for many pain relievers sold under catchy names—names which, once gotten on the tip of the tongue, are easily bought when some other ache or pain occurs. Dentists are not aware that their handout of Anacin, Acquin, Poloris Tablets, Salacephen Tablets, Nuran, Sal-Fayne, to mention only a few, implies a recommendation to self-medicate. The whole make-up is such that the patients get the idea that it is recommended or my dentist would not have given it to me. The patient on leaving the office gets the little envelope in which the two tablets are enclosed, and on which is printed the reminder that they are good for aches, pains, menstrual disorders, do not affect the heart or stomach, etc. Thus starts a cycle of self-drugging that may sometimes have undesirable or fatal effects. When an ache or a pain, totally unrelated to the condition for which the dentist "prescribed" the stuff, occurs, your patient goes to the drug store and another customer has been made. The dentist has aided the salesmanager to make his patients anodyne addicts. It is not uncommon for many of us to have acquaintances who take 6, 8, 10 of these tablets without marked relief from the symptoms they complain of.

The reason is not far to seek, for if small doses of these drugs do not give relief—larger doses generally fail—and meanwhile the underlying cause goes untreated.

Figure 1 shows the story of Anacin, and with only slight modifications the story may be repeated for all of them.



A NOTICE OF JUDGMENT
(No. 15819 issued April 1929)
was issued by the United
States Department of
Agriculture, charging
misbranding—violation
of Food and Drugs Act
and declaring the claims
for ANACIN false and
fraudulent.

HEAR YE! HEAR YE!

A CLAIM for ANACIN:

"ANACIN—the scientifically balanced formula of proven non-narcotic remedies compounded to give prompt, safe, sustained relief without effecting the heart or the stomach."

THE FORMULA for ANACIN:

[Based on the analysis
of the A-D-A Chemist]

EACH TABLET CONTAINS ~
Acetylsalicylic Acid 3 gr.
Quinin Sulphate $\frac{1}{3}$ gr.
Caffein $\frac{1}{3}$ gr.
Acetphenetidin $3\frac{1}{3}$ gr.

Read the above claim and formula ~

**DON'T YOU AGREE
WITH THE OPINION OF THE COURT ~?**

FIGURE 1

There is no good evidence that these are scientifically compounded in the right proportions. No tablet machine can do that. If so, why have dentists or physicians? A drug is only scientifically compounded when it is tailor-made according to all the needs of the individual patient. Their cost to the consumer is high—to the laboratory selling them, next to nothing. The cost goes into the advertising, detailing, and the clinical samples which are sent to you liberally. It is one of the cheapest and most effective kinds of nostrum advertising. For a comparison of cost see the report of the Council on Poloris Tablets (J.A.D.A., June, 1935, p. 1047).

Furthermore, there is no adequate evidence that such a mixture will do more than either of the active ingredients alone, despite the assertions that they are based on physicians' prescriptions. They may be, but this is no credit to those who think so little of their patients as to hand out patent medicines.

All of this helps to depreciate your prestige in the eyes of informed patients, and is unnecessary. It is simpler, easier and more professional to use analgesics and anodynes according to the following plan, which can be adapted to the needs of your patient as an individual. It also assures that treatment for postoperative control is strictly under your supervision. The plan is not original; it is successful. It follows a report of the Council under the title of this discourse, by Dr. Stanley W. Clark, of Northwestern University Dental School (J.A.D.A. 21, 528, March, 1934). It includes only six drugs, used according to the supposed increasing ability to relieve pain. The slides are self-explanatory, but a few remarks may help in interpreting them.

CHART I

CHART II

In Chart II notice that there is overlapping in the definitions of the various therapeutic effects desired. This is understandable and is related sometimes to the matter of dosage and also the intrinsic properties of the drug. Small doses of Barbitol, a hypnotic, may be sedative, while in doses of therapeutic order they produce sleep.

CHART III

As the slides are shown, note the cost of each tablet.

CHART IV

Amidopyrine is a useful agent for the relief of pain. It must be used with discretion because of its supposed connection with the production of agranulocytosis, a systemic disease in which dentists should be particularly interested. One of the earliest manifestations of the disease is a lesion that may be mistaken for Vincent's infection. Thus dentists may be made aware of the existence of the condition in the earliest stages and suggest suitable procedures. The topic, with particular relation to the part played by drugs, is described in a report of the Council. (Agranulocytosis, A Critical Review of Causes and Treatment, Historical and General, Report of the Council, J.A.D.A. 22, 487, March, 1935).

CHART V

CHART VI

This represents the usual A-P-C combination, so-called. There is no carefully controlled evidence that this mixture is more useful than

either of the active ingredients alone. The Council has discussed these mixtures in some detail (Uses of Pain Relievers in Fixed Proportions, Report of the Council, J.A.D.A. 18, 746, April, 1931), and specifically in the report on Anacin (J.A.D.A. 16, 1121, June, 1929), Acquin and Poloris Tablets (J.A.D.A. 22, 1046, 1047, June, 1935), also on Sed-A-Rex (J.A.D.A. 19, 1638, September, 1932).

CHART VII

The subject matter calls for no comment. But it may be noted that the apothecaries' system of weights is used. If one prefers, and there is much to be said for it, the metric system would be preferable. It is more simple and direct. It should be noted that the U. S. P. gives the metric system as the preferred form.

CHART VIII

CHART IX

CHART X

The positions of the Council on these barbituric acid compounds, expressed in the report of the Council on Uses and Abuses of Barbitals (J.A.D.A. 23, 152, January, 1931), may be repeated for emphasis: Although it is true that chemical variations in the barbital molecule have given more or less efficient derivatives, it is also true that multiplication has not been able to controvert that immutable law of pharmacology, namely, that efficiency varies directly with toxicity. Nor has it been possible to amplify the margin of safety in therapeutic usage as the activity of the derivatives has been increased. Thus the claims of greater efficiency, usefulness and safety for the new and exploited barbitals should not mislead anyone. The truth is, that the vast majority of these barbital derivatives are superfluous, if not objectionable, and that the official barbital and phenobarbital can fill every legitimate use and purpose.

CHART XI

CHART XII

CHART XIII

The prices are given for these simple drugs in terms of thousand and of single tablets. Where the dentist feels a prescription is not necessary, he may dispense them in plain white envelopes, with directions for taking. This assures the patient of your continued interest in him. More importantly, in the event of any untoward happening, he appreciates your interest in him, instead of trying to prescribe for himself over the drug store or even a poolroom counter.

Thus, by the use of six simple, readily available drugs, the dentist frees himself of the "handout method" for relieving pain. Continued use of them will bring out what there is to be known clinically about them, so that they may be used to the benefit rather than against the patient. They are all listed in Accepted Dental Remedies.

In closing, may I not again remind you that the offices of the Council are no further from your own than a three-cent postage stamp. The Council exists for service to you and your patients. Let us help you to use the information available.

CHART I

NO. 1.

Medication in the hands of the Dentist
or Oral Surgeon reduced to a simple basis.

THE PLAN INCLUDES:

Premedication or Postmedication
according to clinical
indications.

All drugs suggested are found in:

U. S. P.

N. N. R.

A. D. R.

CHART II

NO. 2.

There are two main groups in which the
Dentist or Oral Surgeon is regularly re-
quired to prescribe:

1. ANALGESICS

2. HYPNOTICS

Under *ANALGESICS* may also
be considered:

ANTIPYRETICS

ANODYNES

NARCOTICS

Under *HYPNOTICS* may also
be considered

NARCOTICS

NO. 3.

ANALGESICS

Agents which destroy sensibility to pain.

Greater or more enduring relief from pain is obtained as the charts are ascended in
numerical order.

INDICATIONS:

1. For relief from:

(a) Simple headache.

(Not Migraine)

(b) Simple toothache.

(c) Pain following ordinary extraction or from a local anesthetic.

ACETYLSALICYLIC ACID, U.S.P.

(Aspirin)

Dose 5-10 grains in tablets or capsules.

Where *ACETYLSALICYLIC ACID* irritates the Gastric Mucosa, ad-
minister half teaspoonful of *SODA* (Sodium bicarbonate) with each dose.

Doctor's Price for
1,000 5 grain tablets
\$1.65

Cost of Each Tablet
 $\frac{1}{4}$ of a Cent

CHART III

CHART IV

NO. 4.

(a) For more prolonged relief than is afforded by Acetylsalicylic Acid (Aspirin).

(b) As a substitute for Acetylsalicylic Acid (Aspirin) where the latter irritates the stomach.

AMIDOPYRINE, U.S.P.

(Pyramidon)

Dose 5-10 grains, tablets.

No rational reason for administering Aspirin and Pyramidon in the same dose.

Unwarranted mixing of drugs is a reversion to unscientific "shot gun" prescribing.

	Doctor's Price for	
1000	tablets	Grains 5
	\$7.50	

Cost of Each Tablet
 $\frac{3}{4}$ of a Cent

NO. 5.

(a) Frequently will relieve a profound pain, migraine or neurologic, where Acetylsalicylic Acid (Aspirin) or Amidopyrine (Pyramidon) fail.

(b) Affords more satisfactory relief in surgical cases beyond the simple extraction.

ACETPHENETIDIN, U.S.P.

(Phenacetin)

Dose 3-6 grains, tablets, powders, or capsules.

Should be used with discretion.

Is said to be habit forming.

Constant taking may produce an anemia.

Safe to prescribe in therapeutic dosage.

	Doctor's Price for	
1000	3 grain	Tablets
	\$4.35	

Cost of Each Tablet
 $\frac{1}{10}$ of a cent.

CHART V

CHART VI

NO. 6.

Frequently more satisfactory relief is gained by combining:

ACETPHENETIDIN, U.S.P., grains 3

(Phenacetin)

with

ACETYSALICYLIC ACID, U.S.P., grains 5

(Aspirin)

Powders, tablets or capsules.

The dosage of each may vary somewhat.

A synergistic action is claimed for this combination, but very likely it is merely an Addition Action.

Repeated dosage inadvisable.

4 or 5 doses in 36 hours should be sufficient.

These combined drugs are suggested in place of the

<i>A</i> spirin	} —tablet
<i>P</i> henacetin	
<i>C</i> affeine	

(This combination of drugs, though widely used, is disapproved by many responsible investigators. It suggests Polypharmacy.)

NO. 7.

For relieving obstinate pain which does not respond to Acetphenetidin (Phenacetin) add $\frac{1}{4}$ grain

CODEINE SULPHATE or *PHOSPHATE* to each dose.

R

Mr. John Jones,
725 E. 5th Ave.,

Acetphenetidini 3 ss

Codeinae phosphatis gr. ii ss

M. Ft. Cap X

Sig. Take one (or two) every four hours until pain is relieved.

Reg. No. 2094

James Smith, D.D.S.
122 So. Robey St.

Advisable in cases where patient is confined to home or hospital.

CHART VII

CHART VIII

CHART IX

NO. 8.

HYPNOTICS

Agents which induce sleep.

SOME INDICATIONS FOR THEIR USE:

- (a) Sleeplessness.
Mental strain.
Worry.
Hysteria.
Disturbances of a psychic nature.
- (b) Nervous reaction preceding dental or oral surgery operations.
- (c) Toxic reaction following introduction of a local anesthetic.
- (d) Postoperative discomfort, with restlessness, sleeplessness, or pain.

NO. 9

The Hypnotic agent of choice is

BARBITAL SODIUM, U.S.P.
(Soluble Barbitol)
(Veronal-Sodium)

Dose 5-10 grains, tablets, capsules, or powders.

Administration of more than 4 or 5 doses during 48 hours inadvisable.
Is said to be *Habit Forming*.

	Doctor's Price for	
1000	Tablets	Grains 5
	\$8.00	
	Cost of Each Tablet	
	$\frac{1}{8}$ of a Cent	

NO. 10.

There are many other "Barbitals" which may be substituted for Barbitol Sodium:

PENTOBARBITAL SODIUM (Abbott) N.N.R.

NEONAL (Abbott) N.N.R.

PHENOBARBITAL SODIUM, N.N.R.
(Luminal-Sodium)
(Luminal Soluble)

IPRAL (Squibb) N.N.R.

SODIUM AMYTAL (Lilly) N.N.R.

"Several of the derivatives of barbitol are more actively hypnotic than the parent substance and may be preferred, especially as a sedative; but there is no satisfactory evidence that the margin between the therapeutic and toxic doses of these derivatives is wider than in the cases of barbitol itself." N.N.R. 1933.

PENTOBARBITAL

Doctor's Price for
1000 Capsules Grains $1\frac{1}{2}$
\$36.00
Cost of each Capsule
3.6 Cents

NEONAL

Doctor's Price for
1000 Tablets Grains $1\frac{1}{2}$
\$17.20
Cost of each Tablet
1.7 Cents

CHART X

CHART XI

NO. 11.

Where quiescence or sleep is not inducted
or maintained by Barbitol Sodium

CODEINE SULPHATE, U.S.P.

grains $\frac{1}{4}$ may be added to each dose.

R Mr. John Jones
 255 W. 21st St.

Sodii Barbitalis 3 ss

Codeinae Sulphatis gr. $\frac{1}{2}$ ss

M. Ft. Cap. \overline{VJ}

Sig. Take one (or two) before retiring.

Reg. No. 1895

James Smith, D.D.S.
14 W. 39th St.

CHART XII

NO. 12.

In those infrequent cases where the Hyp-
notic agents will not do the work, the Nar-
cotic drugs may be given.

MORPHINE SULPHATE, U.S.P.

Grains $\frac{1}{8}$ to $\frac{1}{4}$

or

CODEINE SULPHATE, U.S.P.

Grains $\frac{1}{2}$ to 1

They may be given hypodermically
or by mouth.

Habit forming

Must be given with considerable discretion.
Prescriber must have Narcotic License.

NO. 13.

It is suggested that the Dentist or Oral
Surgeon may further his development of
simple, official, prescribing by dispensing
the various medicines himself in small
plain envelopes on which are written the
instructions for taking.

CHART XIII

THIRD DAY—WEDNESDAY, JUNE 19, 1935

MEETING OF HOUSE OF DELEGATES

The Meeting of House of Delegates was called to order at 12:40 o'clock p.m., by Dr. Linus M. Edwards, President.

President Edwards:

We will come to order. Is there any business?

Dr. H. O. Lineberger, Raleigh:

I have here the report of the Military Committee.

The Military Committee is proud to report that a very creditable number of our membership now hold commissions in the Organized Reserve in the Regular Army, Navy, Marine Corps, and United States Public Health Department, and stand ready to aid in Governmental Programs, such as: Citizens Conservation Corps, U. S. Veterans' Bureau, and Oral Hygiene Health programs.

We endorse the Government policy for military training in Dental Schools.

The Committee recommends further that all members desiring commission in any of the Government or Military branches furnish their names to the Secretary of the North Carolina Dental Society, where a file be maintained at all times.

Respectfully submitted,

H. O. LINEBERGER, *Chairman;*

A. M. SCHULTZ,

T. A. WILKINS,

B. F. PAUL.

President Edwards:

You have heard the report. What is your pleasure?

Dr. J. Martin Fleming:

I move that it be received.

The motion was seconded and unanimously carried.

Dr. C. E. Minges, Rocky Mount:

I have the report of the Clinic Board of Censors.

Mr. President: Your Clinic Board of Censors Committee begs leave to make the following report:

We wish to compliment the Program Committee on their very wise selection, which must have represented much time and effort on their part. We were particularly impressed with the clinicians from our sister state, Virginia.

After due consideration, the following clinicians were selected to represent the North Carolina Dental Society at New Orleans: Dr. L. G. Coble, Dr. Wm. Hinton, Jr., Dr. Wm. D. Lanier, Dr. Sandy Marks, Dr. H. A. Edwards, Dr. O. C. Barker.

C. E. MINGES, *Chairman*;
A. D. ABERNATHY,
W. D. GIBBS,
J. F. COLETRAIN,
C. B. YOUNT,
T. E. SIKES.

President Edwards:

You have heard the report, gentlemen. What will you do with it?

Dr. J. Martin Fleming:

I move it be received.

Seconded and unanimously carried.

Dr. E. B. Howle, Raleigh:

I have the report of the Legislative Committee.

REPORT OF LEGISLATIVE COMMITTEE

During the 1935 session of the General Assembly, your Legislative Committee diligently scrutinized and studied each bill that was introduced and, indeed, many before they had been introduced, in an effort to inform ourselves as to any legislation which might affect either beneficially or adversely the dental profession. We were especially on the alert to detect certain social legislation which might tend to socialize dentistry, and are pleased to report that nothing of this nature materialized.

We were successful in securing an amendment to H. B. No. 148, providing a lien for hospitalization and physicians' services on insurance recovered by a patient for accidental injury. The amendment provided for the inclusion of dentists, and is now law.

The major activity of this Committee was the drafting of the new dental law.

When the North Carolina Supreme Court handed down an adverse opinion in the Owens case in December, 1934, the passage of a law that would prohibit advertising became an urgent necessity. It appeared at first that the desired end might be accomplished by an amendment to our 1915 law. However, on more careful study, so many changes seemed necessary that it was deemed wise to completely redraft our law.

For this purpose, Mr. I. M. Bailey, an attorney of Raleigh, was retained. Mr. Bailey's reputation as a constitutional lawyer and his former experience as an influential member of the General Assembly, and his standing as President of the Bar Association of North Carolina recommended him as well qualified for the task. As soon as a redraft

of the law was decided upon, a call was issued in the January Bulletin (p. 10) inviting every member of the North Carolina Dental Society to contribute suggestions.

Your Committee first met on January 4th and discussed the many changes suggested. On January 14th a tentative draft or work sheet was presented at a joint meeting of the Legislative Committee and the North Carolina State Board of Dental Examiners. At this meeting many prominent dentists, in addition to the members of the two committees, were present. The many changes received due consideration, after which a redraft of the bill was drawn, and later presented at a joint meeting of the Legislative and Executive Committees. To this meeting, also, many prominent dentists were invited, and participated in a lengthy discussion, after which a third redraft was made, and since the General Assembly was already in session and time was growing short, the Executive Committee decided that it would be inexpedient to refer the complete redraft to a called meeting of the House of Delegates and directed that the Legislative Committee complete the draft and secure its enactment into law.

The various discussions had brought about such marked differences of opinion that it was decided wise to have the new law drawn from an entirely different point of view, and Mr. George Pennell, an attorney of Asheville, was retained for this purpose. The two were compared, and the result was an impasse between two schools of legal thought.

Your committee, with grave misgivings and the utmost care and consideration, and after much consultation with the best legal talent in North Carolina, decided upon the present text of the new law.

The task of having our draft enacted into law still remained. After the stage had been set by having prominent dentists in every community contact their legislators before they left home for Raleigh on January 6th, and by having prominent dentists in the communities in which all members of the Health Committees of the Senate and House reside make special appeal, our draft was introduced in the Senate as S. B. No. 203, by Senators Rivers Johnson and Dr. J. T. Burrus. It was heard before a joint meeting of the Health Committees on February 26th, at which time so many prominent dentists from all parts of the State were present that it looked like a meeting of the North Carolina Dental Society.

Due to this unstinted support and to the excellent coöperation of Drs. Douglass, Zickler and Farrell in the House, and to the prominence and untiring efforts on the parts of Senators Johnson and Burrus, the bill was reported out favorably by the Health Committees by an unanimous vote on February 26th, was passed unanimously by both Houses of the General Assembly on March 1st, and was ratified March 6, 1935.

Be it remembered that law is not a fixed, definite matter, but is continually changing and advancing in step with the times, just as is Dentistry.

Our law may not hold, but in view of the recent opinion handed down by Chief Justice Hughes in the Oregon case, and in view of the following wording in the opinion handed down by the Supreme Court of North Carolina in the Owens case, namely: "If the North Carolina Board of Dental Examiners desire to have further limited the nature and extent

of advertising to which members of their profession may lawfully resort, their remedy lies with the Legislature and not the courts," it is difficult to believe that we can be unsuccessful in our major issues.

Space does not permit discussion or explanation of the many changes which have been made in our law. We respectfully refer you to the text, a copy of which is hereto attached. A similar copy has been furnished each holder of license to practice dentistry in this State.

Never has a committee worked more harmoniously; never has a committee labored more conscientiously in behalf of the interests of our Society and our Profession; never has a committee been more happy in its labors than we shall be when we shall have ascertained that our efforts have not been in vain. (Applause.)

THE LAW GOVERNING THE PRACTICE OF DENTISTRY AND ORAL HYGIENISTS IN NORTH CAROLINA

S. B. No. 203

SESSION 1935

A BILL TO BE ENTITLED AN ACT TO AMEND AND RE-ENACT AS AMENDED CHAPTER 178, PUBLIC LAWS 1915, BEING SECTIONS 6626 TO 6649, BOTH INCLUSIVE, OF THE CONSOLIDATED STATUTES OF NORTH CAROLINA, AND TO PROVIDE OTHER PROVISIONS FOR THE REGULATION OF THE PRACTICE OF DENTISTRY IN THE STATE OF NORTH CAROLINA.

The General Assembly of North Carolina do enact:

SECTION 1. The North Carolina State Board of Dental Examiners heretofore created by Chapter 139, Public Laws 1879, and by Chapter 178, Public Laws 1915, is hereby continued as the agency of the State for the regulation of the practice of dentistry in this State, said Board to consist of six (6) members of the North Carolina Dental Society, to be elected by the said society at its annual meeting; said members so elected to be commissioned by the Governor for a period of three years or until his successor is elected, commissioned, and qualified. Any vacancy in the said Board shall be filled by a member of the North Carolina Dental Society, to be elected by said Board by and with the consent and approval of the Executive Committee of the North Carolina Dental Society, and commissioned by the Governor to hold office for the unexpired term to which elected.

Nothing in this act and no provision of this section shall in any way change the terms of office of the members of the North Carolina State Board of Dental Examiners as now constituted, and said members of said Board shall hold their office for the term to which they have been elected.

SEC. 2. The North Carolina State Board of Dental Examiners shall, at each annual meeting thereof, elect one of its members president and one secretary-treasurer. The common seal which has already been adopted by said Board, pursuant to law, shall be continued as the seal of said Board.

Four (4) members of said Board shall constitute a quorum for the transaction of business, and at any meeting of the Board, if four (4) members are not present at the time and the place appointed for the meeting, those members of the Board present may adjourn from day to

day until a quorum is present, and the action of the Board taken at any adjourned meeting thus held shall have the same force and effect as if had upon the day and at the hour of the meeting called and adjourned from day to day.

The said Board shall keep a record of its transactions at all annual or special meetings, and shall provide a record book in which shall be entered the names and proficiency of all persons to whom licenses may be granted under the provisions of law. The said book shall show, also, the license number and the date upon which such license was issued, and shall show such other matters as in the opinion of the Board may be necessary or proper. Said book shall be deemed a book of record of said Board and a transcript of any entry therein or a certification that there is not entered therein the name, proficiency, and license number or date of granting such license, certified under the hand of the secretary-treasurer, attested by the seal of the North Carolina State Board of Dental Examiners, shall be admitted as evidence in any court of this State when the same shall otherwise be competent.

SEC. 3. The North Carolina State Board of Dental Examiners shall meet annually on the fourth Monday in June of each year at such place as may be determined by the Board, and at such other times and places as may be determined by action of the Board or by any four (4) members thereof. Notice of the place of the annual meeting and of the time and place of any special or called meeting shall be given by advertising a copy of said notice in at least three daily newspapers published in this State at least ten days prior to said meeting. At the annual meeting or at any special or called meeting, the said Board shall have the power to conduct examination of applicants and to transact such other business as may come before it: *Provided*, that in case of a special meeting, the purpose for which said meeting is called shall be stated in the notice.

SEC. 4. The president of the North Carolina State Board of Dental Examiners, and/or the secretary-treasurer of said Board, shall have the power to administer oaths, issue subpoenas requiring the attendance of persons and the production of papers and records before said Board in any hearing, investigation, or proceeding conducted by it. The sheriff or other proper official of any county of the State shall serve the process issued by said president or secretary-treasurer of said Board pursuant to its requirements and in the same manner as process issued by any court of record. The said Board shall pay for the service of all process such fees as are provided by law for the service of like process in other cases.

Any person who shall neglect or refuse to obey any subpoena requiring him to attend and testify before said Board or to produce books, records or documents shall be guilty of a misdemeanor, and upon conviction thereof shall be fined or imprisoned in the discretion of the court.

The Board shall have the power, upon the production of any papers, records, or data, to authorize certified copies thereof to be substituted in the permanent record of the matter in which such books, records, or data shall have been introduced in evidence.

SEC. 5. The North Carolina State Board of Dental Examiners shall have the power to make necessary by-laws and regulations, not inconsistent with the provisions of this act, regarding any matter referred to

in this act and for the purpose of facilitating the transaction of business by the said Board.

SEC. 6. No person shall engage in the practice of dentistry in this State or attempt to do so without first having applied for and obtained a license for such purpose from the said North Carolina State Board of Dental Examiners, or without first having obtained from said Board a certificate of renewal of license for the calendar year in which such person proposes to practice dentistry.

A person shall be deemed to practice dentistry in this State within the meaning of this act and this section of this act who represents himself as being able to remove stains and accretions from teeth, diagnose, treat, operate, or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the human teeth, alveolar process, gums, or maxillary bones and associated tissues or parts, and/or who offers or undertakes by any means or methods to remove stains or accretions from teeth, diagnose, treat, operate, or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the same, or to take impressions of the teeth or jaws and/or who owns, maintains, or operates an office for the practice of dentistry, and/or who engages in any of the practices included in the curricula of recognized and approved dental schools or colleges.

The fact that a person uses any dental degree or designation, or any card, device, directory, poster, sign, or other media whereby he represents himself to be a dentist practicing in the State, shall constitute *prima facie* evidence that such person is engaged in the practice of dentistry.

The following practices, acts, and operations, however, shall be exempt from the provisions of this act:

(a) Any act in the practice of his profession by a duly licensed physician or surgeon.

(b) The rendering of dental relief in emergency cases in the practice of his profession by a physician or surgeon licensed as such and registered under the laws of this State, unless he undertakes to reproduce or reproduces lost parts of the human teeth in the mouth, or to restore or replace in the human mouth lost or missing teeth.

(c) The practice of dentistry in the discharge of their official duties by dentists in the United States Army, the United States Navy, the United States Public Health Service, the United States Veterans Bureau, or other Federal agency.

(d) The teaching of dentistry in dental schools or colleges as may be conducted in the State of North Carolina and approved by the said North Carolina State Board of Dental Examiners, and the practice of dentistry by students in dental schools or colleges so approved when such students are acting under the direction and supervision of registered and licensed dentists acting as instructors.

(e) The practice of dentistry by licensed dentists of another state, territory, or country at meetings of the North Carolina Dental Society, or component parts thereof, meetings of dental colleges or other like dental organizations while appearing as clinicians, or when appearing in emergency cases upon the specific call of dentist duly licensed under the provisions of this act.

(f) The making, either upon written orders, prescriptions, casts, models, or impressions furnished by a duly licensed dentist, of artificial restorations, substitutes, appliances, or materials for the correction of disease, loss, deformity, malposition, dislocation, fracture, injury to the jaws, teeth, lips, gums, cheeks, palate, or associated tissues or parts.

SEC. 7. The North Carolina State Board of Dental Examiners shall grant license to practice dentistry to such applicants who are graduates of a reputable dental institution who, in the opinion of a majority of the Board, shall undergo a satisfactory examination of proficiency in the knowledge and practice of dentistry, subject, however, to the further provisions of this section and of the provisions of this act.

The applicant shall be of good moral character, at least twenty-one years of age at the time the application for examination is filed. The application shall be made to the said Board in writing, and shall be accompanied by evidence satisfactory to said Board that the applicant is a person of good moral character, has an academic education, the standard of which shall be determined by the said Board; that he is a graduate of and has a diploma from a reputable dental college or the dental department of a reputable university or college recognized, accredited, and approved as such by the said Board.

The North Carolina State Board of Dental Examiners is authorized to conduct both written or oral and clinical examinations of such character as to thoroughly test the qualification of the applicant, and may refuse to grant license to any person who, in its discretion, is found deficient in said examination, or to any person guilty of cheating, deception, or fraud during such examination, or whose examination discloses to the satisfaction of the Board a deficiency in academic education.

The North Carolina State Board of Dental Examiners may refuse to grant a license to any person guilty of a crime involving moral turpitude, or gross immorality, or to any person addicted to the use of alcoholic liquors or narcotic drugs to such an extent as, in the opinion of the Board, renders the applicant unfit to practice dentistry.

Any license obtained through fraud or by any false representation shall be void *ab initio* and of no effect.

SEC. 8. The laws of North Carolina now in force, having provided for the annual renewal of any license issued by the North Carolina State Board of Dental Examiners, it is hereby declared to be the policy of this State that all licenses heretofore issued by the North Carolina State Board of Dental Examiners or hereafter issued by said Board are subject to annual renewal, and the exercise of any privilege granted by any license heretofore issued or hereafter issued by the North Carolina State Board of Dental Examiners is subject to the issuance on or before the first day of January of each year of a certificate of renewal of license.

On or before the first day of January of each year each dentist engaged in the practice of dentistry in North Carolina shall make application to the North Carolina State Board of Dental Examiners and receive from said Board, subject to the further provisions of this section and of this act, a certificate of renewal of said license.

The application shall show the serial number of the applicant's license, his full name, address, and the county in which he has practiced during the preceding year, the date of the original issuance of license to said

applicant, and such other information as the said Board from time to time may prescribe, at least six months prior to January first of any year.

The original license granted by the North Carolina State Board of Dental Examiners shall bear a serial number, the full name of the applicant, the date of issuance, and shall be signed by the president and the majority of the members of the said Board and attested by the seal of said Board and the secretary thereof. The certificate of renewal of license shall bear a serial number, which need not be the serial number of the original license issued, the full name of the applicant, and the date of issuance.

The license and the current certificate of renewal of license to practice dentistry issued as herein provided shall at all times be displayed in a conspicuous place in the office of the holder thereof, and whenever requested the license and the current certificate of renewal shall be exhibited to or produced before the North Carolina State Board of Dental Examiners or to its authorized agents.

For cause satisfactory to it, or to a majority thereof, the North Carolina State Board of Dental Examiners may refuse to issue a certificate of renewal of license upon any application made to it therefor, and the applicant whose certificate of renewal of license is refused, for cause, by said Board shall not be authorized to practice dentistry in North Carolina until said Board shall, in its discretion, renew the license of the applicant.

When a person is a holder of a license to practice dentistry in North Carolina or the holder of a certificate of renewal of license, he may make application to the North Carolina State Board of Dental Examiners for the issuance of a copy or a duplicate thereof, accompanied by a fee of two dollars. Upon the filing of the application and the payment of the fee, the said Board shall issue a copy or duplicate.

SEC. 9. The North Carolina State Board of Dental Examiners may, in its discretion, issue a license to practice dentistry in this State without an examination other than clinical to a legal and ethical practitioner of dentistry who moves into North Carolina from another state or territory of the United States, whose standard of requirements is equal to that of the State of North Carolina and in which such applicant has conducted a legal and ethical practice of dentistry for at least five (5) years next preceding his or her removal, and who has not, during his period of practice, been charged with the violation of the ethics of his profession, nor with the violation of the laws of the State which issued license to him, or of the criminal laws of the United States, nor whose license to practice dentistry has been revoked or suspended by a duly constituted authority.

Application for license to be issued under the provisions of this section shall be accompanied by a certificate from the dental board or like board of the state from which said applicant removed, certifying that the applicant is the legal holder of a license to practice dentistry in that state, and for a period of five (5) years immediately preceding the application has engaged in the practice of dentistry; is of good moral character, and that during the period of his practice no charges have been filed with said Board against the applicant for the violation

of the laws of the state, or of the United States, or for the violation of the ethics of the profession of dentistry.

Application for a license under this section shall be made to the North Carolina State Board of Dental Examiners within the six (6) months of the date of the issuance of the certificate hereinbefore required, and said certificate shall be accompanied by the diploma or other evidence of the graduation from a reputable, recognized and approved dental college, school, or dental department of a college or university.

Any license issued upon the application of any dentist from any other state or territory shall be subject to all of the provisions of this act with reference to the license issued by the North Carolina State Board of Dental Examiners upon examination of applicants and the rights and privileges to practice the profession of dentistry under any license so issued shall be subject to the same duties, obligations, restrictions, and the conditions as imposed by this act on dentists originally examined by the North Carolina State Board of Dental Examiners.

SEC. 10. Any dentist duly licensed by the North Carolina State Board of Dental Examiners, desiring to move from North Carolina to another state, territory, or foreign country, if a holder of a certificate of renewal of license from said Board, upon application to said Board and the payment to it of the fee in this act provided, shall be issued a certificate showing his full name and address, the date of license originally issued to him, the date and number of his renewal of license, and whether any charges have been filed with the Board against him. The Board may provide forms for such certificate, requiring such additional information as it may determine proper.

SEC. 11. Any person who shall have been licensed by the North Carolina State Board of Dental Examiners to practice dentistry in this State who shall have retired from practice or who shall have moved from the State and shall have returned to the State, may, upon a satisfactory showing to said Board of his proficiency in the profession of dentistry and his good moral character during the period of his retirement, be granted by said Board a license to resume the practice of dentistry upon making application to the said Board in such form as it may require and upon the payment of the fee of ten dollars. The license to resume practice, after issuance thereof, shall be subject to all the provisions of this act.

SEC. 12. In order to provide the means of carrying out and enforcing the provisions of this act and the duties devolving upon the North Carolina State Board of Dental Examiners, it shall charge and collect for: (a) each applicant for examination a fee of twenty dollars; (b) each certificate of renewal of license a fee of two dollars; (c) each certificate of practice to a resident dentist desiring to change to another state or territory a fee of five dollars; (d) each license issued to a legal practitioner of another state or territory to practice in this State, a fee of twenty dollars; (e) each license to resume the practice issued to a dentist who has retired from the practice of dentistry, or has removed from and returned to the State, a fee of ten dollars.

SEC. 13. If any person shall practice or attempt to practice dentistry in this State without first having passed the examination and obtained a license from the North Carolina Board of Dental Examiners; or, if a period of more than one year has elapsed since the issuance of his

license, shall practice without first having obtained a certificate of renewal of license; or shall practice or attempt to practice dentistry while his license is revoked, or suspended, or when a certificate of renewal of license has been refused; or shall violate any of the provisions of this act for which no specific penalty has been provided, or shall practice dentistry under any name other than his own name, said person shall be guilty of a misdemeanor, and, upon conviction, shall be fined in the sum of fifty (\$50.00) dollars for the first offense.

Whenever any person shall have been convicted once in this State of the violation of Chapter 139, Public Laws of 1879, and/or Chapter 178, Public Laws of 1915, and/or amendments to said acts and/or of this act, and shall practice, or attempt to practice, dentistry in violation of the provisions of this act, he shall be guilty of a misdemeanor and, upon conviction, shall be fined or imprisoned in the discretion of the court.

SEC. 14. Whenever it shall appear to the North Carolina State Board of Dental Examiners that any dentist who has received license to practice dentistry in this State, or who has received from the said Board of Dental Examiners a certificate of renewal of license, has been guilty of fraud, deceit, or misrepresentation in obtaining his license, or of gross immorality, or is an habitual user of intoxicants or drugs, rendering him unfit for the practice of dentistry, or has been guilty of malpractice, or is grossly ignorant or incompetent, or has been guilty of willful neglect in the practice of dentistry, or has been employing unlicensed persons to perform work which, under this act, can be legally done or performed only by persons holding a license to practice dentistry in this State, or of practicing deceit or other fraud upon the public or individual patients in obtaining or attempting to obtain practice, or has been guilty of fraudulent and/or misleading statements of his art, skill, or knowledge, or of his method of treatment or practice, or any offense involving moral turpitude, or has, by himself or another, solicited or advertised in any manner for professional business; or has been guilty of any other unprofessional conduct in the practice of dentistry; or in the procurement of license has filed, as his own, a diploma or license of another, or a forged diploma or a forged or false affidavit of identification or qualification, the Board may revoke the license of such person, or may suspend the license of such person for such period of time as, in the judgment of said Board, will be commensurate with the offense committed: *Provided, however*, it shall not be considered advertising within the meaning of this act for a dentist duly authorized to practice in this State to place a card containing his name, telephone number, and office address and office hours in a registry or other publication, or to place upon the window or door of his office his name followed by the word "Dentist."

The North Carolina State Board of Dental Examiners is authorized and empowered to appoint an investigator to ascertain the facts with reference to any information coming to the attention of the said Board respecting the violation of any of the provisions of this act, or of any act heretofore in effect in this State.

Such investigator so appointed by the North Carolina State Board of Dental Examiners is thereupon authorized and directed to make an investigation as to any information coming to his attention with reference to the violation of the provisions of this act or any act in force at

the time of said violation, and formulate a statement of charges which the said Board, upon presentation by the said investigator, shall cause to be served upon the dentist so accused. Said notice shall contain the statement of a time and place at which the charges against the accused shall be heard before the Board, or a quorum thereof, which time shall not be less than ten (10) days from the date of service of said statement and notice.

At the time and place named in said notice, the said Board shall proceed to hear the charges against the accused upon competent evidence, oral or by deposition, and at said hearing said accused shall have the right to be present in person and/or represented by counsel. After hearing all the evidence, including such evidence as the accused may present, the Board shall determine its action and announce the same.

From any action of the Board depriving the accused of his license, or certificate of renewal of license, the accused shall have the right of appeal to the Superior Court of the county wherein the hearing was held, upon filing notice of appeal within ten days of the decision of the Board. The record of the hearing before the North Carolina State Board of Dental Examiners shall constitute the record upon appeal in the Superior Court and the same shall be heard in the Superior Court as in the case of consent references.

Whenever any dentist has been deprived of his license, the North Carolina State Board of Dental Examiners, in its discretion, may restore said license upon due notice being given and hearing had, and satisfactory evidence produced of proper reformation of the licentiate, before restoration.

SEC. 15. Each member of the North Carolina State Board of Dental Examiners shall receive as compensation for his service in the performance of his duties under this act a sum not exceeding ten dollars for each day actually engaged in the performance of the duties of his office, said per diem to be fixed by said Board, and all legitimate and necessary expenses incurred in attending meetings of the said Board.

The secretary-treasurer shall, as compensation for his services, both as secretary-treasurer of the Board and a member thereof, be allowed a reasonable annual salary, to be fixed by the Board, and shall, in addition thereto, receive all legitimate and necessary expenses incurred by him in attending meetings of the Board and in the discharge of the duties of his office.

All per diem allowances and all expenses paid as herein provided shall be paid upon voucher drawn by the secretary-treasurer of the Board, who shall likewise draw voucher payable to himself for the salary fixed for him by the Board.

The Board is authorized and empowered to expend from funds collected hereunder such additional sum or sums as it may determine necessary in the administration and enforcement of this act.

Said Board shall, on or before the fifteenth day of February in each year, make an annual report as of the thirty-first day of December of the year preceding, of its proceedings, showing therein the examination given, the fees received, the expenses incurred, the hearings conducted, and the result thereof, which said report shall be filed with the Governor of the State of North Carolina.

SEC. 16. All dentists duly license by the North Carolina State Board of Dental Examiners and/or the holders of certificate of renewal of license from said Board shall be exempt from service as jurors in any of the courts of this State.

SEC. 17. Legally licensed druggists of this State may fill prescriptions of dentists duly licensed by the North Carolina State Board of Dental Examiners.

SEC. 18. Lectures on the science of dentistry shall not be made in North Carolina in connection with the demonstration, promotion, or distribution of any product or products used or claimed to be useful in the promotion of the health of the oral cavity, except after specific authority has been granted by the North Carolina State Board of Dental Examiners, nor shall the science of dentistry be taught in North Carolina except by duly licensed dentists acting as teachers in a duly organized school or college of dentistry or a dental department of a college or university.

SEC. 19. The North Carolina State Board of Dental Examiners shall be and is hereby vested, as an agency of the State, with full power and authority to enact rules and regulations governing the practice of dentistry within the State, provided such rules and regulations are not inconsistent with the provisions of this act, and such rules and regulations shall become effective thirty days after passage, and the same may be proven, as evidence, by the president and/or the secretary-treasurer of the Board, and/or by certified copy under the hand and official seal of the secretary-treasurer. A certified copy of any rule or regulation shall be receivable in all courts as *prima facie* evidence thereof, if otherwise competent, and any person, firm, or corporation violating any such rule, regulation, or by-law shall be guilty of a misdemeanor, subject to a fine of not more than fifty (\$50.00) dollars or imprisonment for not more than thirty days.

SEC. 20. If any clause, sentence, or paragraph or part of this act shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, or invalidate any other clause, sentence, paragraph, or part of this act, save the clause, sentence, paragraph, or part thereof directly involved in the controversy in which said judgment shall have been rendered.

SEC. 21. All clauses and parts of clauses of Chapter 139, Public Laws of 1879, and of Chapter 178, Public Laws of 1915, and any amendments thereto inconsistent with the provisions of this act are hereby repealed: *Provided, however*, that such clauses and parts of clauses shall remain in force for the prosecution and punishment of any person who, before the effective date of this act, shall have committed any act contrary to the provisions of any law in force at the time such act was done, and such person may be prosecuted and punished under the law as it existed when such violation occurred; and, *Provided further*, that any dentist who has committed any act in violation of the laws in force at the time such act was committed shall be subject to be deprived of his license as herein provided, it being hereby declared by the General Assembly to be the intent of this act to provide, among other things, a method of procedure under which a licensed dentist charged with violation of this act, or any preceding act, may be deprived of his license.

SEC. 22. This act shall be in full force and effect from and after its ratification.

In the General Assembly read three times and ratified, this the 6th day of March, 1935.

ORAL HYGIENE ACT

1006

H. B. 974

S. B. 364

AN ACT TO PROVIDE FOR THE LICENSING OF MOUTH HYGIENISTS, TO TEACH AND PRACTICE MOUTH HYGIENE IN THE PUBLIC INSTITUTIONS AND PUBLIC SCHOOLS OF THE STATE.

The General Assembly of North Carolina do enact:

SECTION 1. That any person of good moral character who holds a grade "A" teacher's certificate issued by the Department of Education of the State of North Carolina, may be licensed to practice mouth hygiene in conjunction with the teaching of health subjects in the public institutions and public schools of the State as is hereinafter provided in this Act.

Such person shall be a graduate in Mouth Hygiene from an approved school for such technical training, said approval to be by the North Carolina State Board of Dental Examiners. Upon the completion of such course or courses and upon the payment of a fee of ten dollars (\$10), which shall not be returned to the applicant for such license, shall apply to the North Carolina State Board of Dental Examiners, at their annual meeting which shall be held on the fourth Monday of June, or at any other such time as they deem necessary, for an examination on such subjects as said Board shall deem essential for the practice of mouth hygiene in this State; and if the examination is satisfactory to said Board of Dental Examiners, shall be registered and licensed by said Board as a mouth hygienist to practice as such only in the public institutions and public schools of the State.

SEC. 2. That only public institutions and public school authorities of the State may employ such licensed mouth hygienist, whose clinical work shall be under the direct supervision of the dentist who shall be at the head of the Bureau of Mouth Hygiene of the State Board of Health. The duties of a mouth hygienist shall be to examine mouths of inmates of said institutions and of the pupils of said public schools without expense, to make such charts and records as the head of said Bureau shall require, and to furnish copies of the same to the guardians or teachers of those examined.

Such hygienist shall teach mouth hygiene and the proper care of the teeth and may recommend mouth washes, clean stains, remove deposits and accretions from the exposed surfaces of the teeth of said inmates and pupils, but shall not perform any other operation on the teeth or tissues of the mouth or body: *Provided*, that no pupil may be so examined and treated over the written objection of such child's parents or guardian.

SEC. 3. That the State Board of Dental Examiners shall have the power to revoke or suspend the license of any mouth hygienist who

shall violate the provisions of this Act, and the proceedings to revoke or suspend said license shall be the same as are provided in the case of suspension or revoking the license of a dentist as set out in chapter one hundred seventy-eight, section twenty-two, Public Laws of one thousand nine hundred and fifteen, and in chapter one hundred ten, Article Two, entitled "Dentistry," Consolidated Statutes of North Carolina.

SEC. 4. That any person falsely claiming to have a mouth hygienist's license, or who shall practice or attempt to practice mouth hygiene without first having been duly licensed thereto, as provided in this Act, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined twenty-five dollars (\$25) for each and every offense; that any person who, having been so licensed to practice mouth hygiene in said public institutions and public schools, fails to display the said license, or who practices or attempts to practice mouth hygiene elsewhere than in said public institutions and public schools, as hereinbefore provided in this Act, shall, upon conviction thereof, be fined twenty-five dollars (\$25) for each and every offense, and shall also forfeit her license to practice mouth hygiene in the said institutions and schools.

SEC. 5. That all laws or parts of laws in conflict with this Act are hereby repealed.

SEC. 6. That this Act shall be in force from and after its ratification. In the General Assembly read three times, and ratified this the 19th day of March, 1929.

President Edwards:

What is your pleasure?

Dr. J. Martin Fleming:

I move that the report be received and a vote of thanks extended the committee.

Motion seconded and unanimously carried.

Dr. E. B. Howle, Raleigh:

While I am on my feet, I wish to give my report as Secretary of the Board of Dental Examiners. This is not very long, but time is getting short, and is it your wish that I read it or hand it in?

Dr. F. O. Alford, Charlotte:

I move we dispense with the reading of the report, and that it be included in the proceedings.

Motion seconded and unanimously carried.

REPORT OF THE TRANSACTIONS OF THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

January 1, 1935.

To His Excellency, J. C. B. EHRLINGHAUS,
Governor of North Carolina,
Raleigh, N. C.

DEAR SIR:—In accordance with the provisions of the Dental Law, I beg leave to hand you herewith a report of the proceedings of the North Carolina State Board of Dental Examiners for the calendar year A.D. 1934.

The Board held two meetings.

The fifty-fourth annual meeting was held in Raleigh, N. C., on June 25, 26, 27, 28, and 29, thirty-five applicants being permitted to take the examinations, which were conducted in the usual manner.

Dr. H. C. Carr, of Durham, was elected President and Dr. E. B. Howle, of Raleigh, Secretary-Treasurer.

A special meeting was held on Saturday, July 14th, at the King Cotton Hotel in Greensboro, N. C.

Tabulation of the grades disclosed that, of the thirty-five applicants who were permitted to take the examinations, the following, having made a grade of eighty or more, were declared qualified to practice dentistry, and were accordingly issued license:

Abernethy, A. D., Jr.....	Granite Falls, N. C.	86%
Barringer, Marshall Robert.....	Conover, N. C.	83%
Britt, Wilson Fleetwood.....	Severn, N. C.	84%
Byrd, Robert Theodore.....	Linden, N. C.	81%
Caddell, Frederick Silver.....	Elon College, N. C.	83%
Cash, Allan Heath.....	Boiling Springs, N. C.	83%
Erbesfield, Morris.....	Newton, N. C.	82%
Falls, Ralph L.....	Lawndale, N. C.	81%
Garriss, Marcus A.....	Margarettsville, N. C.	80%
Glenn, Edmond T.....	Sugar Grove, N. C.	82%
Goodwin, Carey Jackson.....	Apex, N. C.	81%
Hawk, Frank A.....	Kansas City, Mo.	83%
Hewitt, Macon Halliburton, Jr.....	Forest City, N. C.	87%
Martin, Ernest Lee, Jr.....	Leaksville, N. C.	85%
Merritt, William Edward, Jr. (col.).....	Clinton, N. C.	80%
Parker, Henry Clay, Jr.....	Charlotte, N. C.	83%
Powell, Jordan B., Jr.....	Franklin, Va.	82%
Richardson, Alexander Liles.....	Leaksville, N. C.	83%
Spencer, James Lawson.....	Williamston, N. C.	90%
Taylor, Preston Reeves.....	Mount Holly, N. C.	81%
Teague, Everette Reid.....	Madison, N. C.	81%
Walker, Bernard N.....	Meridian, Miss.	82%
Webster, Benjamin Richard.....	Madison, N. C.	81%
Wharton, Richard Goode.....	Ruffin, N. C.	80%
Zibelin, Cedric Vollers.....	Wilmington, N. C.	80%

The following failed:

Bailey, Robert Harold, Jr.....	Woodsdale, N. C.
Baynes, Phillip Sidney.....	Hurdles Mill, N. C.
Boykin, Alonzo Edward (col.).....	Raleigh, N. C.
Crotts, Hylton K.....	Winston-Salem, N. C.
Fields, Ray W.....	Johnson City, Tenn.
Fowler, Thomas Guy.....	Glennville, N. C.
Gibson, William McNelva (col.).....	Washington, D. C.
McKnight, Scott S. (col.).....	Charlotte, N. C.
Tolbert, Harold Leon (col.).....	Lincolnton, N. C.
Whisnant, Clyde M.....	Lawndale, N. C.

The case of Dr. J. E. Owen, of Asheville, whose license was revoked by the Board upon evidence that he had "Solicited Professional Business," being transferred from Wake to Buncombe County, on motion of attorneys for the respondent, was heard at the regular June term of the Superior Court of the County of Buncombe, Judge J. Will Pless presiding. The judgment of the Board was thereby affirmed.

Dr. Owen, through his attorney, served notice of appeal to the Supreme Court of North Carolina.

Upon information that Mr. R. J. Rakestraw, conductor of a dental laboratory in the city of Salisbury, had been practicing dentistry without first having obtained a license to do so, the Board's attorney, Mr. Clifton Beckwith, made investigation, and thereupon a warrant was issued in Rowan County in February, 1934, for the arrest of the said Rakestraw, but was not served for the reason that Mr. Rakestraw had absented himself from the State.

Necessary legal steps were thereupon taken for the apprehension of said Rakestraw should he return to the State.

During December, 1934, Mr. Eugene Lovelace, of High Point, was convicted of practicing dentistry without a license and was fined twenty-five (\$25.00) dollars and costs.

At the annual meeting of the North Carolina Dental Society, which was held in Wilmington, N. C., June 18-21, Dr. C. C. Poindexter, of Greensboro, was elected to succeed Dr. J. A. McClung, of Winston-Salem, and Dr. E. B. Howle, of Raleigh, to succeed himself, commissions in accordance therewith as provided by law being duly executed.

Attached hereto is the financial statement as compiled from the records of the Secretary-Treasurer and audited by R. C. Carter & Company, Certified Public Accountants, of Raleigh, N. C.

Respectfully submitted,

E. B. HOWLE,
Secretary-Treasurer.

Personnel of Board:

H. C. CARR, *President*;
E. B. HOWLE, *Secretary-Treasurer*;
W. F. BELL,
R. F. JARRETT,
C. E. MINGES,
C. C. POINDEXTER.

DR. E. B. HOWLE, *Secretary-Treasurer*,
North Carolina State Board of Dental Examiners,
Raleigh, North Carolina.

DEAR SIR:—We have made an audit of the Cash Receipts and Disbursements of the North Carolina State Board of Dental Examiners, Raleigh, North Carolina, from January 1, 1934, to December 31, 1934, and submit herewith our report.

We traced all recorded cash receipts into bank deposit, and found all cash disbursements supported by invoices and properly signed and canceled bank checks.

Respectfully submitted,

R. C. CARTER & Co.,
Certified Public Accountants.

January 8, 1935.

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS
RALEIGH, NORTH CAROLINA

CASH RECEIPTS AND DISBURSEMENTS, JANUARY 1, 1934, TO
DECEMBER 31, 1934

Balance January 1, 1934:

Commercial National Bank.....	\$ 292.94	
Wachovia Bank and Trust Company.....	226.68	
		\$ 519.62

RECEIPTS

Licenses	1061.....	\$1,061.00	
Examination Fees	36.....	720.00	
Penalties	22.....	140.00	
Reinstatements	3.....	30.00	
Dental List	3.....	15.00	
			1,966.00
Total.....			\$2,485.62

DISBURSEMENTS

Per Diem and Expense:

Bell, Dr. Wm. F.....	\$ 103.81	
Carr, Dr. Henry C.....	60.51	
Howle, Dr. E. B.....	63.01	
Jarrett, Dr. R. F.....	93.31	
Minges, Dr. C. E.....	76.91	
McClung, Dr. John A.....	69.21	
		\$ 466.76

Salary Secretary and Assistant.....	200.00
Postage, Stationery, Printing, etc.....	369.31
Examination Expense	164.47
Attorney Fees and Expense.....	576.46
Audit	25.00
National Association Dues.....	25.00
Luncheon	13.92

Taxes on Checks.....	1.36	
Repairs and Cleaning Typewriter.....	12.00	
Cost in Owen Case.....	142.48	
		<hr/>
		\$1,996.76
Balances :		
Commercial National Bank (closed).....	\$ 292.94	
Less: Dividend Paid.....	91.54	
		<hr/>
	\$ 201.40	
Wachovia Bank and Trust Company.....	287.46	
		<hr/>
		488.86
Total.....		<hr/>
		\$2,485.62
Balance Per Bank Statement.....	\$ 378.20	
Less: Outstanding Check No. 185.....	90.74	
		<hr/>
Balance.....	\$ 287.46	

Inasmuch as the Board has been enjoined from carrying out the provisions of the new law, we are going to have to go to considerable expense to fight this case through the Court, but I have every reason in the world to believe we are going to win it. The Owens case, on its appeal to the Superior Court, will come up in Asheville on July 8th. At that time there are about four other cases in the vicinity of Asheville which will have to be prosecuted. In addition to these, the Norris case at Fayetteville is being prosecuted and will probably come up in July. Another case is that of Dr. Culbreth of Wilmington. Therefore, all of this is going to entail considerable expense, and it may be that the finances of the Board are not going to be sufficient to meet all of this extra expense, and I would be glad if you would extend the floor to Dr. Martin Fleming. Balance in bank up to June 15, 1935, is \$781.34.

President Edwards:

The floor is extended to Dr. Martin Fleming.

Dr. J. Martin Fleming, Raleigh:

Having been on the Board a number of years, and knowing something of its expense, I would like to make a motion that the Society help out in the Board's expense. Not enough men are passing the examination now to finance the legitimate expense of the Board to and from meetings. Next year, under the new law, we pay a fee of two dollars for our renewal license instead of one dollar, but that money is not available until next year. These men spend a notable amount of their own money. I move that the Board of Dental Examiners be authorized to call upon the North

Carolina Dental Society for a sum not to exceed five hundred dollars, if they need it for this work. This expense is as much ours as it is the Board's. I think it just that we appropriate the sum of five hundred dollars, if they should need it, in the carrying on of their work this year.

The motion was seconded and unanimously carried.

Dr. Z. L. Edwards, Washington:

I have here the report of the Membership Committee.

The Membership Committee begs to submit the following report:

REPORT OF MEMBERSHIP BY DISTRICTS

	<i>1st</i>	<i>2d</i>	<i>3d</i>	<i>4th</i>	<i>5th</i>
Members in Good Standing.....	98	134	102	86	97
Members—Suspension	3	3	3	2	1
Members—Reinstated	18	0	6	3	1
New Members	12	1	2	5	5

Z. L. EDWARDS, *Chairman.*

I would like to say, in connection with the report of the Fifth District, that their Secretary was not here. The only figures we could get was from the State Secretary's books, and it is possible he may have some funds in his hands that he has not yet reported. That is the best we have at this time. It will be corrected by the time the Bulletin is prepared.

Dr. Paul E. Jones, Farmville:

The Executive Committee acted favorably upon the application of Dr. Wilkins for membership, from the Fifth District.

Secretary Pridgen:

It is my understanding that under the Constitution and By-Laws, new membership is purely a District function and the State Society accepts them from the District.

Dr. Paul E. Jones:

I do not know about that, but we acted favorably on his application.

President Edwards:

You have heard the report, supplemented by the amendment of Dr. Paul Jones. What is your pleasure?

Dr. J. Martin Fleming, Raleigh:

I move that it be received.

The motion was seconded and unanimously carried.

Dr. J. H. Wheeler, Greensboro:

Mr. President: There are only two members of the Resolutions Committee who are still here, and I want to pass on to this meeting two resolutions which have been handed us, and you can act on them without a recommendation of the Committee. This was handed in by Dr. Howle, and I personally think it a good thing.

WHEREAS we are confident that the Board of Trustees of the American Dental Association has given ample study and deliberation to the problem of health insurance, and we believe their conclusions and attitude are based on sound and honest conviction; and

WHEREAS the unanimous decision of this body on the subject of health insurance should be accepted as the nation-wide opinion of organized dentistry; and

WHEREAS we approve of the dignified and ethical conduct of their procedure; and

WHEREAS the American Dental Association, through its Board of Trustees, has adopted the following resolution:

"The Board of Trustees of the American Dental Association believes that the enactment of a program of compulsory health insurance, administered by the Federal Government, the governments of the individual states, or by any individual industry, community, or similar body, would inevitably lead to the regimentation and lay control of dental practice, which would not be in the interest of the public. That a lowering of the standards of dental practice would result is indicated by the evidence from compulsory health insurance legislation in the European countries where it has been in operation for many years, where it has not only failed to accomplish the measures of alleviation expected of it but also has seriously impeded practitioners of the healing arts in the performance of their duties, and has been a barrier to the further scientific development of the professions. The Board of Trustees commends the House of Delegates of the American Medical Association and approves the action pertaining to compulsory health insurance taken at its meeting, February 16, 1935": Now, therefore,

Be it resolved, That the North Carolina Dental Society approves the action of the Board of Trustees of the American Dental Association, and directs that the Board of Trustees of the American Dental Association and all component societies of the North Carolina Dental Society be so advised.

Dr. J. Martin Fleming:

I move the adoption of the resolution.

The motion was seconded and unanimously carried.

Dr. J. H. Wheeler:

I have another resolution submitted by Dr. Sheffield, of Greensboro. He apologized for not being here, but he was in a hurry to get home. There is sickness in his family.

Inasmuch as the average dentist travels in his automobile much less than the commercial man, who travels on long trips, and in the course of a year travels many times the number of miles that the average dentist drives during the year:

It would seem that, due to the fact that the dentist spends his working hours in his office while the commercial man spends his working hours in his automobile, there should be a difference in the rate of personal liability insurance:

It is recommended that the Committee on Insurance investigate the possibility of securing a lower rate, or a group policy similar to our Dental Liability Insurance.

President Edwards:

What is your pleasure, gentlemen?

Dr. H. O. Lineberger, Raleigh:

Move that it be referred to the Liability Insurance Committee.

Motion seconded by Dr. Paul Jones and unanimously carried.

Dr. F. L. Hunt, Asheville:

I would like to hand up a copy of the Constitution and By-Laws in accordance with the President's recommendation in his address.

President Edwards:

Has the Committee on Constitution and By-Laws reported?

Dr. J. Martin Fleming, Raleigh:

The amendment which our committee offered has been added to the Constitution and By-Laws, but it will be necessary to pass upon the amendment, because it is the only thing new in this draft. Therefore, I move that the amendment proposed yesterday by the Ethics Committee be approved.

The motion was seconded by Dr. E. B. Howle and unanimously carried.

Dr. F. L. Hunt:

The changes in the copy of the Constitution and By-Laws which I hold in my hand are only minor. It has been rearranged in some instances, but the amendment just adopted is the only new thing. I do not know whether it is necessary to read this and adopt it section by section or not.

Dr. E. B. Howle, Raleigh:

I move that it be adopted as a whole.

The motion was seconded and unanimously carried.

Dr. F. L. Hunt:

I submit the Constitution and By-Laws, as amended, and move its adoption as a whole.

The motion was seconded and unanimously carried.

CONSTITUTION

ARTICLE I—NAME

This organization shall be known as The North Carolina Dental Society, a constituent Society of the American Dental Association.

ARTICLE II—OBJECT

The object of this Society shall be to cultivate the art and science of dentistry, together with its collateral branches; to elevate and sustain the professional character of dentists; to promote among them mutual improvements, social intercourse and good feeling, and to collectively represent and have cognizance of the dental profession in North Carolina.

ARTICLE III—MEMBERSHIP

SECTION 1. The membership of this Society shall consist of three classes, namely: Active, Honorary, and Life.

ACTIVE MEMBERSHIP

SEC. 2. Active membership shall consist of members of the dental profession who are registered according to the dental laws of North Carolina and who are members in good standing of a district or component society regularly engaged in dental practice in North Carolina, of creditable professional attainments and of good moral character, having zeal for the profession and a proper regard for the varied obligations due from one member of the profession to another, this to be construed as meaning that membership in a district or component society constitutes membership in the North Carolina Dental Society.

HONORARY MEMBERS

SEC. 3. Honorary members shall consist of graduates of regularly chartered dental colleges, recognized by the National Association of Dental Examiners, who have retired from practice; of physicians and scientists who have made valuable contributions to dental surgery, and of distinguished visiting dentists from other states and countries.

LIFE MEMBERSHIP

SEC. 4. Life Membership shall consist of active members who shall have paid annual dues twenty-five consecutive years, and shall be exempt from dues thereafter: *Provided*, that life members shall be required to pay the annual assessment to the American Dental Association.

ELIGIBILITY

SEC. 5. Anyone eligible to active membership shall not be proposed for honorary membership.

ARTICLE IV—OFFICERS

SECTION 1. The officers of this Society shall serve for one year, or until their successors are installed. They shall consist of a President, President-Elect, Vice-President, Secretary-Treasurer, and shall be elected by ballot, as provided for in Article IX of the By-Laws.

SEC. 2. At each annual meeting one delegate to the American Dental Association shall be elected by ballot, to serve for a period of three years, as provided for in Article IX of the By-Laws. Any change in the number of delegates allowed shall be taken care of as seems most appropriate at the annual election of officers. Alternates to equal the number of elected delegates shall be annually elected.

SEC. 3. There shall be an Editor-Publisher, who shall be elected by the Executive Officers of this Society: namely, the President, President-Elect, Vice-President, Secretary-Treasurer, and the Executive Committee.

ARTICLE V—EXAMINING BOARD

Two members of this Society shall be elected annually, at a regular meeting by ballot, as provided for in Article IX of the By-Laws, to serve as members of the North Carolina State Board of Dental Examiners, for a term of three (3) years, or until their successors are elected, in accordance with the requirements of the dental laws of North Carolina, and shall assume office upon receipt of commission from Governor, as provided in the Consolidated Statutes of 1919, Article II, Section 6626.

ARTICLE VI—IMPEACHMENT

SECTION 1. Any member of this Society may be impeached by three members for malpractice, unprofessional or immoral conduct, or any violation of the Constitution, By-Laws, or Code of Ethics of this Society.

SEC. 2. Charges against a member shall be made in writing, addressed to the President, who shall refer the same to the chairman of the Committee on Ethics for investigation and action, if necessary, as provided for in Article I, Section 6, of the By-Laws.

ARTICLE VII—STANDING COMMITTEES

The following standing committees shall be annually appointed by the President, immediately upon his induction into office. Ethics Committee, of five members to be chosen one from each district, one member of Legislative Committee for a term of five years, Program-Clinic Committee, and one member of the Executive Committee for a term of three years, the chairman to be designated. He shall also appoint such other committees as may be deemed necessary.

ARTICLE VIII—DIVISION OF THE STATE INTO DISTRICTS

SECTION 1. The North Carolina Dental Society shall be divided into five component or district societies, their geographical boundaries corresponding to those designated in 1921, except, when in the interest of the North Carolina Dental Society and with the consent of those directly involved, the President and Executive Committee may transfer sections of adjacent districts.

SEC. 2. The members of each component or district society shall convene between September 1st and December 31st, and elect delegates from their respective districts as members of the House of Delegates of the North Carolina Dental Society for the ensuing year: *Provided*, that no district may be represented until an examination of the books shall indicate conformity to Article III, Section 2, of the Constitution, and Article III, Section 1, of the By-Laws.

ARTICLE IX—HOUSE OF DELEGATES

The House of Delegates shall consist of the President, President-Elect, Vice-President, Secretary-Treasurer, delegates from each of the five districts as provided for in Article II of the By-Laws, members of the Executive Committee, members of the Committee on Dental Ethics, and two members of the North Carolina State Board of Dental Examiners, which members shall be elected annually by the Examining Board.

ARTICLE X—AMENDMENTS

The House of Delegates may amend or alter this Constitution at any annual session, due notice having been given at a previous meeting of said annual session: *Provided*, ninety per cent consent may be obtained. Otherwise, all amendments must lie on the table until the annual session next following their introduction, at which time a two-thirds majority vote will be requisite for their adoption. In the latter procedure due notice of the substance, or if not too lengthy, the exact wording of the proposed changes must be sent to each member of the House of Delegates with the regular notice of the annual session.

BY-LAWS

ARTICLE I—DUTIES OF OFFICERS

PRESIDENT

SECTION 1. The President shall preside at all meetings of this Society, preserve order, regulate debates, and appoint standing committees as provided in Article VII of the Constitution. He shall give deciding vote on all ties, except in election of officers, when he shall have the same voting power and privileges as other members; call special meetings upon written request of a majority of the officers of this society, including the Executive Committee and the Committee on Dental Ethics, and perform such other duties as may from time to time be assigned to him, and shall deliver an address at the opening session of the next annual meeting after assuming office.

PRESIDENT-ELECT

SEC. 2. The President-Elect shall automatically become President upon the election of officers at the following annual meeting after his election as President-Elect. In the absence of the President and Vice-President, he shall perform the duties of the President. He shall also serve as Director of Districts.

VICE-PRESIDENT

SEC. 3. The Vice-President, in the absence of the President, shall assume all the duties of that office and shall appoint a committee of three to report on the President's Address. In the absence of the President, Vice-President, and President-Elect, a chairman *pro tem* shall be chosen by the Executive Committee.

SECRETARY-TREASURER

SEC. 4. The Secretary-Treasurer shall keep an accurate record of the proceedings of the meetings of this Society and of the meetings of the Executive Committee, and shall notify all officers and committeemen in writing of their election or appointment. He shall take charge of all letters and communications addressed to the Society and conduct its correspondence. He shall give due notice of the time and place of all annual and special meetings of the Society and of any committee when so requested by the President or committee chairmen.

He shall collect all moneys due the Society from its component societies or other sources. He shall transmit to the General Secretary of the American Dental Association four dollars (\$4.00) for each active and life member as dues to the American Dental Association. He shall settle all debts of the Society upon approval of the President.

He shall be chairman of the Program-Clinic Committee, and Exhibit Committee.

He shall pay to the Secretary-Treasurer of each District Dental Society a sum equal to their expenditures for collecting the annual dues.

He shall receive an annual salary of one hundred and fifty dollars (\$150.00), and shall give bond in the amount of three thousand dollars (\$3,000.00) in a surety company licensed to do business in North Caro-

lina, said bond to be at the expense of the Society: *Provided*, that the amount of said bond may be changed at the discretion of the Executive Committee, and the chairman of the Executive Committee be designated as custodian of said bond.

That the outgoing Secretary-Treasurer make a detailed report of the financial affairs of the North Carolina Dental Society at the annual meeting of the Society for the year immediately preceding. That he make an additional final report to the Executive Committee within thirty days after the annual meeting, this to be published in the Proceedings. That the books, vouchers, checks, stubs, and all papers having to do with the finances of the society be delivered to the outgoing Executive Committee, who shall have them audited by a licensed C. P. A. at the expense of the Society and delivered to the incoming Executive Committee within two months from the adjournment of the annual meeting.

EDITOR-PUBLISHER

SEC. 5. The Editor-Publisher shall publish the annual Proceedings within four months following the annual meeting, at least two Bulletins, and any other notices and publications the Executive Committee may deem necessary. He will be required to keep a record of whatever additions or alterations may be made in our By-Laws and Constitution and see to it that they are published in our Proceedings. He shall receive a salary of one hundred and fifty dollars (\$150.00) per annum: *Provided*, the Executive Committee may withhold same in their discretion under authority of the Constitution and By-Laws. He will make a detailed report of the affairs pertaining to the publication of The Bulletin at the annual meeting of the North Carolina Dental Society for the year immediately preceding. He will make an additional final report to the Executive Committee within thirty days after the annual meeting, this to be published in the Proceedings. The original records will be available for inspection by the Executive Committee whenever asked for.

EXECUTIVE COMMITTEE

SEC. 6. The Executive Committee shall consist of three members, with the President and Secretary as *ex-officio* members, shall have the general superintendence of the affairs of this Society, shall approve all appropriations, and shall decide on date of annual meeting.

It is further provided that the Executive Committee be allowed to report at any time during any session of the House of Delegates.

COMMITTEE ON DENTAL ETHICS

SEC. 7. The Committee on Dental Ethics, which shall consist of five members, shall constitute a court for the trial of members for any violation of the Code of Ethics adopted by the Society or the Constitution and By-Laws, for gross immorality or unprofessional conduct, or for other sufficient causes. It shall be the duty of the chairman of this committee, after receiving a written complaint through the President of the Society, to furnish the other members of the committee a true copy of the same for examination, and if a majority of the committee shall be of the opinion that the charges contained in the bill of complaint

should be investigated, then the chairman shall serve a copy of them on the accused, and shall appoint a time and name hour and place of said meeting for hearing his defense, of which time he and the party making the charges shall have at least ten (10) days' notice. If the accused, in person or by counsel (who shall be an active member of this Society), having had a fair opportunity to hear the evidence against him and to make his defense, shall be judged guilty by a majority of the committee, said committee shall affix and execute the penalty, which penalty shall be suspension or expulsion from the Society, subject to an appeal to the House of Delegates. If, after due notification, the accused party, or his counsel, shall fail to appear at the time and place of trial without satisfactory excuse rendered at this time, he shall be considered as admitting the charges against him, and shall be liable to sentence accordingly. It shall be the additional duty of the Ethics Committee, in cases where no charges have been preferred, but where there seems ground for charges, to consult with the President of the Society and, if he concurs, to notify the accused, at least ten days before a hearing, that some explanation is due the committee of the conduct in question. Such hearing shall then be held following the usual custom, and the procedure and the findings of such hearing shall follow the same rules as laid down for other trials for violation of the Code of Ethics.

LEGISLATIVE COMMITTEE

SEC. 8. The Committee on Dental Legislation shall be appointed by the President, and shall consist of five members; one member appointed for five years, one member appointed for four years; one member appointed for three years, one member appointed for two years, and one member appointed for one year, and each succeeding year one member shall be appointed for a period of five years. The committee shall organize, shall elect a chairman and secretary, and adopt such regulations for the government of its actions as it may deem expedient. It shall expend money or contract financial obligations only as shall be authorized in writing by the Executive Committee, President, and the Secretary-Treasurer.

PROGRAM-CLINIC COMMITTEE

SEC. 9. The Program-Clinic Committee shall be appointed by the President, and shall consist of the Secretary-Treasurer as chairman and five additional members, one from each district society, whose duty it shall be to prepare a program of scientific work and order of business for each annual session. This committee shall decide what sessions shall be devoted to papers and discussion, to clinics, and to other matters, and shall select clinicians, decide what operations are to be performed, and make a report of all clinics.

ORAL HYGIENE COMMITTEE

SEC. 10. The Oral Hygiene Committee shall consist of a chairman, to be appointed by the President, five additional members, one from each district, who shall be selected by the chairman, and its duties shall be to gather and disseminate information relative to public dental education, industrial dentistry, and oral hygiene.

MEMBERSHIP COMMITTEE

SEC. 11. The Membership Committee shall consist of the President-Elect of this Society, who shall be its chairman, and the Secretary-Treasurers of the district societies. It shall be the duty of this committee to endeavor to secure the reinstatements to active membership of such of its members as have become delinquent and to maintain an active campaign for new members.

EXHIBIT COMMITTEE

SEC. 12. The Exhibit Committee shall consist of the Secretary-Treasurer, as chairman, and two additional members of the Society, who shall be appointed by the President, and they shall have full control of all exhibits.

ARTICLE II—HOUSE OF DELEGATES

SECTION 1. The House of Delegates shall conduct all the business of the North Carolina Dental Society, except the election of officers, which shall be at a general session at 8:00 o'clock on the second evening of the annual meeting, and the installation of officers, which shall be at the last session of the annual meeting.

SEC. 2. Ten members of the House of Delegates may file a minority report dissenting from action of the House of Delegates and appeal to the General Session of the Society.

SEC. 3. The House of Delegates shall hold such sessions as may be necessary to transact the business of the North Carolina Dental Society.

SEC. 4. Each district delegation and the Examining Board shall be allowed to maintain its full quota at each session of the House of Delegates. Substitutes, when necessary, being elected by the attending members of their respective organizations.

SEC. 5. Each District Society shall elect five delegates to the House of Delegates of the North Carolina Dental Society.

ARTICLE III—MEMBERSHIP

SECTION 1. Any member of a district society shall, upon election into that society, automatically become a member of the North Carolina Dental Society, and shall at that time and annually thereafter pay to the Secretary of said district society both district and State Society dues: *Provided*, that life members shall pay four dollars (\$4.00) for the American Dental Association.

HONORARY MEMBERS, NOMINATION, ETC.

SEC. 2. Nominations for honorary membership must be made through the Executive Committee.

SEC. 3. If any honorary member enter upon the active practice of dentistry in this State, his relation to this Society as an honorary member shall thereupon cease. He shall then be eligible to election as an active member, as provided for in Article III, Section 1, of the By-Laws.

ARTICLE IV—PRIVILEGE OF MEMBERS

SECTION 1. Active members shall be entitled to debate and vote on all questions discussed in the Society, and be eligible to any office in its gift, except as provided for in Article V, Section 1, of the By-Laws.

SEC. 2. Honorary Members shall be entitled to a seat in the meetings of the Society, and have the privilege of debating only scientific questions, but shall not be eligible to office or privileged to vote.

ARTICLE V—DUES

SECTION 1. The annual dues of this Society shall be ten dollars (\$10.00), payable January 1st for the ensuing year, four dollars of which shall be apportioned to the American Dental Association, as provided for in Article II, Sections 1, 2, 3, of the By-Laws of the American Dental Association.

PAYMENT OF DUES

SEC. 2. The payment of dues to this Society shall be according to the provisions of this Article, Section 3, and payable in advance to the District Society, to which he must belong, as provided for in Article III, Section 2, of the Constitution.

TIME OF PAYMENT—DELINQUENCY

SEC. 3. All dues shall be due and payable on or before January 1st for the current year. Any member whose dues are not paid on or before January 20th for the current year shall not be entitled to receive the Journal of the American Dental Association until such dues are paid, subject to the rules of the Journal. Any member in arrears shall be disqualified from voting or from being elected to or holding any office in this Society.

DROPPING FROM THE ROLL

SEC. 4. Any member who shall fail to pay his or her dues for one year shall be dropped from the roll of membership, and shall not be re-elected until he or she shall have paid twenty dollars (\$20.00) (for reinstatement, and a regular initiation fee of that year), and no member shall be dropped from the roll for nonpayment of dues when charges are pending.

SEC. 5. Members suspended while in service of the World War for nonpayment of dues may be reinstated, upon application through the regular channels, accompanied with one year's dues. In case the applicant desired to take advantage of Article III, Section 4, of the Constitution, relative to Life Membership, his twenty-five consecutive years shall be reckoned by payment of all back dues, excepting period of active service and illness resulting therefrom.

HONORARY MEMBERS

SEC. 6. Honorary members are exempt from all fees and dues.

LIFE MEMBERS

SEC. 7. Life Members shall be exempt from all dues and fees, except as provided for in Article III, Section 4, of the Constitution.

ARTICLE VI—SPECIAL COMMITTEES

SECTION 1. Special committees shall be appointed in the manner sanctioned by the ordinary usage.

SEC. 2. The reports of all committees shall be made in writing and recorded fully on the minutes, unless otherwise ordered.

ARTICLE VII—MEETINGS

SECTION 1. The regular meetings of this Society shall be held annually at such place as the majority may decide, such decision to be made immediately after the election of officers, subject to change by the Executive Committee.

SEC. 2. Special meetings may be called by the President, sanctioned by a majority of the officers of this Society, including Executive Committee and Committee on Dental Ethics.

ARTICLE VIII—PAPERS, ETC.

All papers presented to and before the Society shall become the property of the body, and the Secretary shall be the responsible custodian thereof.

ARTICLE IX—ELECTION OF OFFICERS

SECTION 1. The election of officers shall be the order of business at 8:00 o'clock on the second evening of the annual meeting, and shall be a general session.

VOTING

SEC. 2. The President shall appoint three tellers whose duty it shall be (1) to divide the meeting hall by a temporary partition provided with a stile through which all members shall pass one at a time, voting as they pass through; (2) to keep accurate count of the number of members thus passing through the stile, and to count the ballots and announce the result. Should the number of votes be greater than the number of members passing through the stile, the election shall be declared void. A majority of the votes shall be necessary for a choice, the name of the candidate receiving the lowest number of votes being dropped after each ballot, until a candidate shall receive a majority of the votes cast: *Provided*, that should there be but one candidate, the vote may be by acclamation.

ARTICLE X—QUORUM

Twenty active members of the House of Delegates shall constitute a quorum for the transaction of business. Thirty active members of the North Carolina Dental Society shall constitute a quorum to transact business of the North Carolina Dental Society in general session.

ARTICLE XI

Every member of this Society shall, upon application to the Secretary, be furnished with a copy of the Constitution, By-Laws, and Code of Ethics.

ARTICLE XII—RESIGNATION

SECTION 1. Any member of this Society shall have the privilege of resigning upon application being made in writing: *Provided*, all arrears due from him to the Society have been paid, and *Provided further*, that no charges are pending against said member.

SEC. 2. Resignations of officers shall not be considered unless application be made at least three (3) months before the ensuing regular annual meeting of the Society.

ARTICLE XIII—OFFICERS' SALARY OBLIGATIONS INCURRED

The officers of this Society shall not receive pay for their services, except as provided for in Article I, Sections 4 and 5, of the By-Laws, nor shall they incur debts greater than the income of the Society during the year of their tenure of office, except by a two-thirds majority vote of the House of Delegates of the North Carolina Dental Society.

ARTICLE XIV—DE FACTO, ETC.

The above Constitution and By-Laws embrace all the laws governing this Society, and all others are hereby repealed.

ARTICLE XV—AMENDMENTS

The House of Delegates may amend or alter these By-Laws at any annual session, due notice having been given at a previous meeting of said annual session, providing ninety per cent consent may be obtained. Otherwise, all amendments must lie on the table until the annual session next following their introduction, at which time a two-thirds majority vote will be requisite for their adoption. In the latter procedure due notice of the substance, or, if not too lengthy, the exact wording of the proposed changes must be sent to each member of the House of Delegates with the regular notice of the annual session.

Dr. F. L. Hunt:

Here is an amendment to the Constitution and By-Laws that has come up before a group of less than twenty men and important committee reports have been submitted to this little group. There should be some change in the order of business, so that we could get at least a representative group of men to this important business session. I am never a delegate to this meeting, and yet I am always a delegate to this last business session in order to make a quorum. I merely offer this as a suggestion. I think it is late for this meeting, but I think it an important matter, and it should be done. It does not seem right that so few men should pass on matters of this importance.

President Edwards:

Did I understand you to make a motion?

Dr. F. L. Hunt:

I merely make a suggestion. These matters should be taken up earlier in the meetings, so that we could have at least a representative group of men present.

Dr. J. N. Johnson, Goldsboro:

I make a motion that the order of business be changed, so these matters would come before our representative body on the night of the election. I think Dr. Hunt's position is well taken. I think it should be changed to such time as the Executive Committee directs.

Dr. J. Martin Fleming, Raleigh:

Don't you think it would be better to offer that as an expression of what we think should be done, rather than pass any motion which will be binding on the Program Committee? It might not be possible to do any specific thing, but they could take this as an expression of what we think should be done.

Dr. C. E. Minges, Rocky Mount:

I think to pass a motion would be to destroy the authority which has been vested in the Program Committee. I do not believe we should state definitely when any particular thing should come up, or fix the order of business. I think it would be a mistake to place it at any definitely fixed time. I think we should go on record as expressing our wishes to the Committee that they fix a time when we can get a representative group of men to pass on these matters. I think that would be better than passing a motion.

Dr. F. L. Hunt:

I will ask Dr. Johnson to withdraw his motion and let it be acted on by a larger representation.

Dr. J. N. Johnson:

If the original proponent requests that, I can do nothing but withdraw the motion and apologize for making it.

Dr. F. L. Hunt:

I accept the withdrawal.

President Edwards:

Is there any further business to come before the meeting?

Dr. Paul E. Jones, Farmville:

I have the report of the Executive Committee.

REPORT OF THE EXECUTIVE COMMITTEE OF THE NORTH CAROLINA DENTAL SOCIETY

The first meeting of the Executive Committee was held at Raleigh, on July 28, 1934, for the purpose of electing an Editor-Publisher and setting a date for the next annual meeting. Your Committee, recognizing the high degree of efficiency with which this office has been conducted during the past year, unanimously reelected Dr. Fred Hale to succeed himself as Editor-Publisher. The matter of a date of the next annual meeting was taken up and discussed at length, and it was definitely decided to hold the meeting at Blowing Rock, June 17, 18, and 19.

The next meeting was held jointly with the Program-Clinic Committee at the Carolina Hotel, Raleigh, October 11, 1934, for the purpose of discussing the program and clinics for the next annual meeting. At this discussion, the importance of putting on the best meeting possible within the income of the Society was stressed. On January 24, 1935, a joint meeting of the Executive and Legislative Committees was held in Raleigh, at the request of the Chairman of the Legislative Committee, for the purpose of discussing the development of plans for carrying out a constructive legislative program for dentistry in North Carolina that the Legislative Committee felt highly necessary at this time. After a very lengthy and exhaustive discussion of the ineffectiveness of existing dental laws, the Executive Committee voted unanimously that the Legislative Committee be empowered to proceed with a final draft and enactment of legislation designed to properly govern the practice of dentistry in North Carolina.

On April 11, 1935, another joint meeting of the Executive and Legislative Committees was held in Raleigh, at which time the Legislative Committee reported the successful enactment and ratification of what they believed to be a satisfactory dental law for North Carolina. We particularly wish to thank the Legislative Committee (Dr. E. B. Howle, Chairman) for their untiring efforts, which resulted in the enactment of this law.

Complaints having been filed from various sections of the State with the Executive Committee concerning discrepancies and lack of uniformity of fees allowed by the State ERA, your Committee deemed it advisable to seek an appointment with the State Administrator, Mrs. Thomas O'Berry, immediately, for the purpose of ending this unnecessary confusion. This conference was held with Mrs. Thomas O'Berry on May 15, 1935, at which time a schedule of uniform fees for emergency treatment of relief cases was agreed upon, as follows:

EFFECTIVE JUNE 1, 1935

1. Extractions without anaesthetic, each.....	\$1.00
2. Extractions with local anaesthetic, each.....	1.25
a. Each additional tooth at same sitting.....	1.00
3. Emergency treatments, abscessed gums, trench mouth, etc.....	2.00
a. Postoperative treatment	1.00
(Limited to \$2.00 for any number of treatments.)	
4. Filling when absolutely necessary.....	2.00
5. X-ray films	1.00
a. Subsequent films, each.....	.50

Policies, regulations, and procedures to conform to Federal Emergency Relief Bulletin No. 7.

Excerpts relative dental care to be mailed by the Emergency Relief Administration to Executive Committee, North Carolina Dental Association, and all Emergency Relief Administrators.

Members of Executive Committee:

DR. PAUL E. JONES, *Chairman*, Farmville, N. C.
 DR. L. M. EDWARDS, *President*, Durham, N. C.
 DR. Z. L. EDWARDS, *President-Elect*, Washington, N. C.
 DR. D. L. PRIDGEN, *Secretary*, Fayetteville, N. C.
 DR. LESLIE MEREDITH, *Vice-President*, Wilmington, N. C.
 DR. R. M. OLIVE, Fayetteville, N. C.
 DR. NEAL SHEFFIELD, Greensboro, N. C.

Your Committee is of the opinion that while this schedule was not all that we desired and sought, it seemed to be the best compromise we could get approved by the State Administrator at this time, and we are hopeful that the House of Delegates will see fit to approve the action of the Committee in this matter. On June 8, 1935, in accordance with the agreement with Mrs. O'Berry, the District Administrators of the North Carolina ERA sent out the following letter to the dentists in each county:

To all Practicing Dentists in.....County:

I am enclosing a copy of a Schedule of Uniform Fees for Dental Treatment of Relief Families. This schedule is authorized by the North Carolina Emergency Relief Administration in agreement with the Executive Committee of the North Carolina Dental Association.

If you accept this schedule of fees and wish to have relief clients sent to you, please write me a note of acceptance.

With best wishes, I am

Sincerely,

.....
Administrator, District No.....

In conclusion, the Executive Committee desires to express its appreciation to the officers and committees for their zeal and coöperation during the past year. Especially would we thank our President, who

at all times has been an inspiration to us. To Dr. J. F. Reece, Chairman of General Arrangements Committee, we owe our deepest appreciation for the work he and his associates have done in making our meeting pleasant. We are happy to commend the efficiency of Dr. D. L. Pridgen and Dr. Fred Hale in the conduct of their offices. The Chairman of the Publicity Committee, Dr. F. O. Alford, has done a splendid job in giving the meeting publicity. To Mr. R. W. Madry, of the University News Bureau, we are most grateful for his splendid and successful efforts in securing wide publicity which has attracted so many members to this meeting. Lastly, we want to thank the management of the Mayview Manor for their splendid coöperation, and all other committees and individuals who have coöperated in making this a most successful meeting.

Respectfully submitted,

PAUL E. JONES, *Chairman*;
NEAL SHEFFIELD,
R. M. OLIVE,

Committee.

Dr. E. B. Howle, Raleigh:

I move that the report be received.

Motion seconded by Dr. J. Martin Fleming and unanimously carried.

Dr. H. O. Lineberger, Raleigh:

I have the report of the Dental College Committee.

REPORT OF DENTAL COLLEGE COMMITTEE

Mr. President: Your Committee on Dental College has had no specific work to perform during the past year, and suggests the discontinuance of the Committee for the time being. We recommend, should an emergency arise, that the President appoint a special committee to handle the situation.

Respectfully submitted,

H. O. LINEBERGER,
H. E. STORY,
E. P. McCUTCHEON,
JUNIOUS C. SMITH.

President Edwards:

You have heard the report.

Dr. F. O. Alford, Charlotte:

I move that it be received.

Motion seconded by Dr. C. E. Minges and unanimously carried.

I have the report of the Publicity Committee.

REPORT OF PUBLICITY COMMITTEE

Mr. President: Your Publicity Committee wishes to submit the following report:

The Committee coöperated with the Publicity Committee of the Five-State Postgraduate Clinic in Washington, and three articles covering this meeting were sent to all papers in the State and three papers in Virginia; also to four radio stations in North Carolina.

This meeting has been covered by seven articles and two layout mats and two individual mats, making a total of 14 stories, or 736 copies, that have gone to the press and radio previous to the meeting. During the meeting two articles daily have gone to the press and full stories to Winston-Salem and Raleigh papers, making the final total of 1,036 articles.

We were again this year very fortunate in securing the services of Mr. R. W. Madry and the University News Bureau at Chapel Hill, and to him is due the credit for the splendid publicity we have had.

The Committee wishes to express their sincere appreciation to Mr. Madry, the News Bureau, the Associated and United Press, the radio stations, and the newspapers of the State for the coöperation we have received.

Respectfully submitted,

F. L. ALFORD, *Chairman*.

Dr. C. E. Minges, Rocky Mount:

Move that it be received.

The motion was seconded and unanimously carried.

President Edwards:

Is there any further business?

Secretary Pridgen:

I will read the report of the Oral Hygiene Committee.

REPORT OF THE ORAL HYGIENE COMMITTEE

The usual Mouth Health Teaching programs by the State Board of Health have been carried on, but perhaps the outstanding Mouth Health Teaching activity was the puppet show, "Circus or Bust," sponsored by the Carolina Playmakers. The Good Teeth Council, Inc., and The Division of Oral Hygiene of the State Board of Health and the newspaper releases to 172 newspapers now running. These releases are being published in every section of the State.

Respectfully submitted,

E. A. BRANCH, *Chairman*.

Dr. C. E. Minges, Rocky Mount:

Move that the report be adopted.

Motion seconded and unanimously carried.

Secretary Pridgen:

I have here the list of the membership subject to suspension, and I request that you grant me thirty days extension of time in which to make a final effort to collect.

LIST OF MEMBERS SUBJECT TO SUSPENSION

<i>Second District</i>	<i>Third District</i>	<i>Fourth District</i>
G. K. Carter	E. A. Frazier	C. C. Hatch
H. H. Houck		

Dr. J. Martin Fleming, Raleigh:

I move that the extension be granted.

Motion seconded and unanimously carried.

Secretary Pridgen:

A corrected list will be furnished the Editor-Publisher.

Upon motion, duly made and seconded, the Meeting of House of Delegates adjourned at 1:35 o'clock p.m., Wednesday, June 19, 1935.

THIRD DAY—WEDNESDAY, JUNE 19, 1935

GENERAL SESSION

The General Session was called to order at 1:35 o'clock p.m., by Dr. Linus M. Edwards, President.

President Edwards:

The General Session will come to order. I will ask Dr. Alford and Dr. Howle to escort our incoming President to the Chair.

Dr. E. B. Howle, Raleigh:

Mr. President, it gives me a great deal of pleasure to present the incoming President.

President Edwards:

It gives me a great deal of pleasure to pass the burden of responsibility of the Society to such a worthy man, and I am sure that under your able leadership the North Carolina Dental Society is going to have a wonderful year. (Applause.)

President Z. L. Edwards:

I really have about a thirty-minute speech to make, but in consideration of the lateness of the hour and the very small audience, and also in consequence to a special request that has been made to forego that pleasure, I am going to just say that I will do the best I can. (Applause.)

The next is the installation of the Vice-President. I will ask Dr. Minges and Dr. Graham to escort the Vice-President to the rostrum.

Dr. C. E. Minges, Rocky Mount:

It gives us pleasure to present Dr. J. F. Reece, Vice-President.

President Z. L. Edwards:

It is a pleasure to have you associated with us as my right-hand man next year. (Applause.)

I will ask Dr. Page and Dr. Paul Jones to escort the President-Elect to the rostrum.

Dr. Paul E. Jones, Farmville:

Mr. President, we take great pleasure in presenting the President-Elect, Dr. Pridgen.

President Z. L. Edwards:

It is indeed a pleasure to have you associated with us, and I am sure we are all glad to have you in this position. (Applause.)

I will ask Dr. Reece and Dr. Wilkins to escort Dr. Alford to the rostrum.

Dr. T. A. Wilkins, Gastonia:

It is with pleasure that we present the Secretary-Treasurer.

President Z. L. Edwards:

It is indeed a pleasure to have you associated with this organization next year in such an important office as Secretary-Treasurer. (Applause.)

Next is the installation of the members of the Board.

Dr. J. Martin Fleming, Raleigh:

They are the same men. I move we dispense with that formality.

President Z. L. Edwards:

Without objection—those men will consider themselves installed.
Is there any further business?

President-Elect Pridgen:

The committee appointments.

President Z. L. Edwards:

Shall I read them, or let them be published?

Dr. J. Martin Fleming:

It will only take a minute. We all want to hear them, I feel sure.

COMMITTEES, 1935-1936

EXECUTIVE COMMITTEE

Paul E. Jones, <i>Chairman</i>	Farmville
Neal Sheffield.....	Greensboro
C. M. Parks.....	Winston-Salem

PROGRAM-CLINIC COMMITTEE

F. O. Alford, <i>Chairman</i>	Charlotte
H. O. Lineberger, <i>Vice-Chairman</i>	Raleigh
Paul Fitzgerald.....	Greenville
O. L. Presnell.....	Asheboro
D. B. Mizell.....	Charlotte
A. Pitt Beam.....	Shelby

ETHICS COMMITTEE

J. Martin Fleming, <i>Chairman</i>	Raleigh
H. L. Keith.....	Wilmington
H. V. Murray.....	Burlington
John McClung	Winston-Salem
W. E. Clark.....	Asheville

LEGISLATIVE COMMITTEE

J. N. Johnson, '37.....	Goldsboro
A. S. Bumgardner, '39.....	Charlotte
Paul Jones (unexpired term of F. O. Alford), '36.....	Farmville
H. O. Lineberger, '38.....	Raleigh
R. M. Olive, '40.....	Fayetteville

ORAL HYGIENE COMMITTEE

E. A. Branch, <i>Chairman</i>	Raleigh
Arthur Wooten	Greenville

I. H. Hoyle.....	Henderson
W. T. Ralph.....	Belhaven
C. A. Graham.....	Ramseur

LIBRARIAN

Jesse Zachary.....	Raleigh
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STATE INSTITUTIONS COMMITTEE

Everett Smith, <i>Chairman</i>	Raleigh
George Hull.....	Charlotte
B. C. Taylor.....	Landis
A. C. Current.....	Gastonia
W. C. Mercer.....	Williamston

MILITARY COMMITTEE

A. M. Schultz, <i>Chairman</i>	Greenville
L. J. Deprew.....	Kinston
G. Fred Hale.....	Raleigh
J. W. Whitehead.....	Smithfield

LIABILITY INSURANCE COMMITTEE

J. H. Wheeler, <i>Chairman</i>	Greensboro
W. F. Clayton.....	High Point
J. F. Duke.....	Washington
Wallace Gibbs.....	Charlotte
C. A. Thomas.....	Wilmington

MEMBERSHIP COMMITTEE

D. L. Pridden, <i>Chairman</i>	Fayetteville
Charles S. McCall.....	Forest City
W. C. Current.....	Statesville
C. A. Graham.....	Ramseur
L. J. Moore.....	St. Pauls
W. L. Hand.....	New Bern

EXHIBIT COMMITTEE

F. O. Alford, <i>Chairman</i>	Charlotte
B. R. Morrison.....	Wilmington
H. E. Nixon.....	Elizabeth City
W. F. Bell.....	Asheville
S. L. Bobbitt.....	Raleigh

CLINIC BOARD OF CENSORS

Nat Maddux, <i>Chairman</i>	Asheville
L. M. Edwards.....	Durham
Wilbert Jackson	Clinton
H. R. Chamblee.....	Raleigh
L. M. Massey.....	Zebulon
F. L. Hunt.....	Asheville

RESOLUTIONS COMMITTEE

S. Robert Horton, <i>Chairman</i>	Raleigh
A. T. Jeanette.....	Washington
L. H. Butler.....	Hertford
H. A. Edwards.....	Greensboro
W. M. Robey.....	Charlotte
Dewey Bozerman	Wilson
Oscar Hooks	Wilson

NECROLOGY COMMITTEE

J. S. Betts, <i>Chairman</i>	Greensboro
George Waynick	Winston-Salem
C. G. Powell.....	Ahoskie
C. A. Pless.....	Asheville
J. M. Gardner.....	Gibson
Z. V. Parker.....	New Bern
J. F. Duke.....	Washington
W. I. Holt.....	Edenton

FIVE-STATE CLINIC COMMITTEE

C. C. Poindexter, <i>Chairman</i>	Greensboro
John McClung	Winston-Salem
A. C. Current.....	Gastonia
H. R. Chamblee.....	Raleigh
Paul Fitzgerald	Greenville

COMMITTEE ON ENTERTAINMENT OF VISITORS

H. E. Story, <i>Chairman</i>	Charlotte
Dennis Keel.....	Greensboro
Gene Howle	Raleigh
Phin Horton	Winston-Salem
J. A. Sinclair.....	Asheville
J. N. Johnson.....	Goldsboro

PUBLICITY COMMITTEE

Harry Keel, <i>Chairman</i>	Winston-Salem
J. E. L. Thomas.....	Tarboro
J. L. Spencer.....	Williamston
J. G. Poole.....	Kinston
Guy Pickford.....	Wilmington
F. L. Hunt.....	Asheville

ENTERTAINMENT COMMITTEE

R. M. Olive, <i>Chairman</i>	Fayetteville
A. D. Barber.....	Sanford
W. L. McRae.....	Red Springs
J. R. Edwards.....	Fuquay Springs
R. A. Turlington.....	Clinton
D. L. Pridgen.....	Fayetteville

GOLF COMMITTEE

L. M. Daniels, <i>Chairman</i>	Southern Pines
A. T. Jeanette.....	Washington
R. E. Spoon.....	Winston-Salem

GENERAL ARRANGEMENTS COMMITTEE

E. M. Medlin, <i>Chairman</i>	Pinehurst
L. M. Daniels.....	Southern Pines
H. R. Cromartie.....	Raeford
H. McDearmid	Raeford
H. W. Thompson.....	Hamlet

COMMITTEE ON RELATIONS OF PHYSICIANS AND DENTISTS

Wilbert Jackson, <i>Chairman</i>	Clinton
I. R. Self.....	Lincolnton
W. B. Robey.....	Charlotte
J. N. Johnson.....	Goldsboro
E. P. McCutcheon.....	Durham

SUPERINTENDENTS OF CLINIC COMMITTEE

Homer Guion, <i>Chairman</i>	Charlotte
W. K. Chapman.....	Sylva
R. F. Hunt.....	Rocky Mount
G. L. Hooper.....	Erwin
P. B. Whittington.....	Greensboro
J. M. Kilpatrick.....	Robersonville

EDITOR-PUBLISHER

G. Fred Hale.....	Raleigh
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SOCIO-ECONOMICS COMMITTEE

G. Fred Hale, <i>Chairman</i>	Raleigh
J. N. Johnson.....	Goldsboro
E. B. Howle.....	Raleigh
F. L. Hunt.....	Asheville
Paul E. Jones.....	Farmville
J. M. Fleming.....	Raleigh
O. L. Presnell.....	Asheboro
C. C. Bennett.....	Asheville
H. O. Lineberger.....	Raleigh
Ralph Jarrett	Charlotte

ECONOMICS COMMITTEE

W. F. Clayton, <i>Chairman</i>	High Point
Wallace Griffin.....	Edenton
C. I. Miller.....	Albemarle
Ralph Little.....	Asheville
J. V. Turner.....	Wilson

President Z. L. Edwards:

Is there anything else to come before the General Session? If not, I declare the meeting adjourned.

Thus, at 1:55 o'clock p.m., Wednesday, June 19, 1935, the Sixty-first Annual Meeting of the North Carolina Dental Society, at Blowing Rock, North Carolina, adjourned *sine die*.

MEMBERS OF THE NORTH CAROLINA DENTAL SOCIETY IN GOOD STANDING

FIRST DISTRICT

*David Abernathy.....	Hickory
*A. D. Abernathy, Sr.....	Granite Falls
*W. R. Aiken.....	Asheville
L. P. Baker.....	Kings Mountain
*O. C. Barker.....	Asheville
*M. R. Barringer.....	Newton
*A. P. Beam.....	Shelby
*E. N. Biggarstaff.....	Spindale
*W. F. Bell.....	Asheville
*C. C. Bennett.....	Asheville
A. W. Bottoms.....	Canton
A. V. Boyles.....	Dallas
*J. F. Campbell.....	Hickory
W. W. Carpenter.....	Hendersonville
H. H. Carson.....	Hendersonville
A. H. Cash.....	Shelby
*W. K. Chapman.....	Sylva
*W. E. Clarke.....	Asheville
*A. P. Cline.....	Canton
R. D. Coffey.....	Morganton
*E. W. Connell.....	Mount Holly
*D. S. Cook.....	Lenoir
*D. H. Crawford.....	Marion
E. M. Cunningham.....	Biltmore
*A. C. Current.....	Gastonia
*F. W. Davis.....	Asheville
J. E. Derby.....	Tryon
B. A. Dickson.....	Marion
*H. C. Dixon.....	Shelby
A. C. Edwards.....	Lawndale
*Geo. J. Evans.....	Asheville
*P. R. Falls.....	Gastonia
H. O. Froneberger.....	Bessemer City
*S. P. Gay.....	Waynesville
E. R. Gilbert.....	Highlands
B. F. Hall.....	Asheville
S. J. Hamilton.....	Burnsville

C. H. Harrell.....	Lincolnton
*O. H. Hester.....	Hickory
*M. H. Hewitt.....	Forest City
*F. B. Hicks.....	Hickory
C. Highsmith.....	Gastonia
L. J. Hooper.....	Asheville
*J. S. Howell.....	Morganton
*R. R. Howes.....	Forest City
*F. L. Hunt.....	Asheville
*J. H. Hutchins.....	Marshall
*A. A. Lackey.....	Fallston
O. P. Lewis.....	Kings Mountain
*J. B. Little.....	Hickory
*R. A. Little.....	Asheville
E. B. Mackie.....	Granite Falls
*N. P. Maddux.....	Asheville
*L. H. Mann.....	Asheville
*J. A. Marshburn.....	Black Mountain
*W. B. Masters.....	Bakersville
*W. M. Matheson.....	Boone
N. M. Medford.....	Waynesville
*W. J. Miller.....	Lenoir
*O. L. Moore.....	Lenoir
O. S. Moore.....	Mount Holly
*S. E. Moser.....	Gastonia
*C. B. Mott.....	Asheville
*Matt McBrayer.....	Rutherfordton
*Chas. S. McCall.....	Forest City
D. E. McConnell.....	Gastonia
C. H. McCracken.....	Asheville
*W. J. McDaniel.....	Rutherfordton
*Daisy McGuire.....	Sylva
*W. P. McGuire.....	Sylva
*G. C. Nichols.....	Sylva
*J. R. Osborne.....	Shelby
J. M. Parker.....	Asheville
Geo. K. Patterson.....	Asheville
*C. M. Peeler.....	Shelby
Hugh S. Plaster.....	Shelby
*Cecil A. Pless.....	Asheville
Ralph Ray.....	Gastonia
W. C. Raymer.....	Newton
*John F. Reece.....	Lenoir
*J. P. Reece.....	Valdese
H. L. Robertson.....	Cliffside
*I. R. Self.....	Lincolnton
*Jas. A. Sinclair.....	Asheville
*S. H. Steelman.....	Lincolnton
C. W. Stevens.....	Hickory
*Paul W. Troutman.....	Hickory
B. C. Thomasson.....	Bryson City
*W. J. Turbyfill.....	Waynesville

*R. C. Weaver.....	Asheville
Evan S. Wehunt.....	Cherryville
*C. T. Wells.....	Canton
J. L. West.....	Franklin
*C. M. Whisnant.....	Burnsville
*T. A. Wilkins.....	Gastonia
*P. W. Winchester.....	Morganton
*L. W. Woody.....	Spruce Pine
*P. P. Yates.....	Lenoir
*J. A. Young.....	Newton
*C. B. Yount.....	Hickory

SECOND DISTRICT

L. B. Albright.....	Charlotte
*Geo. S. Alexander.....	Kannapolis
*F. O. Alford.....	Charlotte
T. I. Allen.....	Charlotte
Fred J. Anderson.....	Winston-Salem
R. P. Anderson.....	Mocksville
*John L. Ashby.....	Mount Airy
T. W. Atwood.....	Durham
J. E. Banner.....	Mount Airy
Carl A. Barkley.....	Winston-Salem
*J. R. Bell.....	Charlotte
Grove C. Barnard.....	Kannapolis
*A. Mack Berryhill.....	Charlotte
*J. P. Bingham.....	Lexington
*A. R. Black.....	Charlotte
V. A. Black.....	Charlotte
*C. A. Blackburn.....	Winston-Salem
Daniel B. Boger.....	Charlotte
I. A. Booe.....	Mocksville
H. L. Brooks.....	Monroe
*A. S. Bumgardner.....	Charlotte
*R. T. Byerly.....	Winston-Salem
J. D. Carlton.....	Salisbury
*G. K. Carter.....	Taylorsville
R. P. Casey.....	North Wilkesboro
*A. C. Chamberlain, Jr.....	Mount Airy
*E. C. Choate.....	Mocksville
*E. G. Click.....	Elkin
W. J. Conrad.....	Winston-Salem
L. C. Couch.....	Elkin
*Vernon H. Cox.....	Winston-Salem
*R. W. Crews.....	Thomasville
*W. C. Current.....	Statesville
*H. C. Daniel.....	Salisbury
*V. L. DeHart.....	Walnut Cove
*S. C. Duncan.....	Monroe
*R. H. Ellington.....	Salisbury
W. L. Ezzell, Jr.....	Concord

P. L. Feezor.....	Lexington
C. L. Folger.....	Dobson
*J. M. Folger.....	Dobson
*Burke W. Fox.....	Charlotte
R. A. Frye.....	Pilot Mountain
*W. D. Gibbs.....	Charlotte
*J. H. Guion.....	Charlotte
E. S. Hamilton.....	Charlotte
*R. B. Harrell.....	Elkin
*A. P. Hartman.....	Winston-Salem
*J. F. Hartness.....	Mooresville
Frank K. Haynes.....	Charlotte
Gary Heeseman.....	Charlotte
*H. R. Hege.....	Mount Airy
H. C. Henderson.....	Charlotte
*L. O. Herring.....	Charlotte
*O. R. Hodgin.....	Thomasville
*D. W. Holcomb.....	Winston-Salem
*J. M. Holland.....	Statesville
R. H. Holliday.....	Thomasville
*P. E. Horton.....	Winston-Salem
H. H. Houck.....	Pineville
W. C. Houston.....	Concord
*Geo. C. Hull.....	Charlotte
P. C. Hull.....	Charlotte
*R. Nat Hunt.....	Lexington
*Wm. A. Ingram.....	Monroe
*Ralph F. Jarrett.....	Charlotte
F. G. Johnson.....	Lexington
W. F. Jones.....	Wilkesboro
*O. L. Joyner.....	Kernersville
*H. L. Keel.....	Winston-Salem
J. L. Keerans.....	Charlotte
*Cyrus Clifton Keiger.....	Charlotte
V. B. Kendrick.....	Charlotte
Z. V. Kendrick.....	Charlotte
*W. L. Kibler.....	Charlotte
*F. W. Kirk.....	Salisbury
*J. D. Kiser.....	Charlotte
*A. R. Kistler.....	Monroe
G. L. Krueger.....	Charlotte
*G. A. Lazenby.....	Statesville
Sam Levy.....	Charlotte
*W. C. Logan.....	Winston-Salem
J. G. Marler.....	Yadkinville
E. L. Martin.....	Statesville
Guy M. Masten.....	Winston-Salem
Robert Masten.....	Winston-Salem
*R. P. Melvin.....	Winston-Salem
*F. C. Mendenhall.....	Winston-Salem
*D. B. Mizell.....	Charlotte
*D. O. Montgomery.....	Statesville

E. D. Moore.....	Charlotte
E. B. Morgan.....	Concord
Rosebud Morse.....	East Bend
*J. A. McClung.....	Winston-Salem
J. M. Neel.....	Salisbury
*J. H. Nicholson.....	Statesville
Eva Carter Nissen.....	Winston-Salem
*C. M. Parks.....	Winston-Salem
J. H. Parks.....	Kannapolis
R. M. Patterson.....	Concord
H. R. Pearman.....	Cooleemee
*F. N. Pegg.....	Kernersville
R. E. Petree.....	Charlotte
*J. R. Pharr.....	Charlotte
A. J. Pringle.....	Lawsonville
R. L. Ramsay.....	Salisbury
*C. A. Reeves.....	Sparta
R. L. Reynolds.....	Lexington
*W. M. Robey.....	Charlotte
*G. L. Ross.....	Charlotte
Heywood Ross.....	Charlotte
*W. A. Secrest.....	Winston-Salem
*R. P. Shepard.....	Mount Airy
*Ralph Schmucker.....	Charlotte
*C. F. Smithson.....	Charlotte
W. A. Sowers.....	Lexington
*R. E. Spoon.....	Winston-Salem
*H. E. Story.....	Charlotte
*S. H. Strawn.....	Marshville
*B. C. Taylor.....	Landis
C. F. Taylor.....	Charlotte
*L. A. Taylor.....	Winston-Salem
L. E. Taylor.....	Charlotte
W. A. Taylor.....	North Wilkesboro
*W. C. Taylor.....	Salisbury
*C. L. Thomas.....	Mount Airy
Lee Roy Thompson.....	Winston-Salem
*L. P. Trivette.....	Mooreville
M. L. Troutman.....	Kannapolis
R. D. Tuttle.....	Winston-Salem
*C. H. Wadsworth.....	Concord
*D. T. Waller.....	Charlotte
*J. C. Watkins.....	Winston-Salem
*G. E. Waynick.....	Winston-Salem
I. M. Waynick.....	Winston-Salem
B. H. Webster.....	Charlotte
*C. D. Wheeler.....	Salisbury
*T. P. Williamson.....	Charlotte
*G. W. Yokeley.....	Winston-Salem
*K. M. Yokeley.....	Winston-Salem
*J. W. Zachary.....	China Grove
J. W. Zimmerman.....	Salisbury

THIRD DISTRICT

C. A. Adams.....	Durham
*J. S. Betts.....	Greensboro
W. W. Bowling.....	Durham
J. D. Bradsher.....	Roxboro
R. W. Brannock.....	Burlington
*F. S. Caddell.....	Graham
*Daniel T. Carr.....	Durham
*Henry C. Carr.....	Durham
R. R. Clark.....	Chapel Hill
*W. F. Clayton.....	High Point
*L. G. Coble.....	Greensboro
*J. Cecil Crank.....	Greensboro
*A. W. Craver.....	Greensboro
*L. M. Daniels.....	Southern Pines
*H. A. Edwards.....	Greensboro
*L. M. Edwards.....	Durham
R. M. Farrell.....	Pittsboro
W. I. Farrell.....	Troy
L. M. Foushee.....	Burlington
H. K. Foster.....	Greensboro
A. E. Frazier.....	High Point
*J. S. Frost.....	Burlington
*J. M. Gardner.....	Gibson
F. E. Gilliam.....	Burlington
*C. A. Graham.....	Ramseur
*J. J. Hamlin.....	High Point
J. N. Hester.....	Reidsville
*W. R. Hinton.....	Greensboro
R. H. Holden.....	Durham
N. T. Holland.....	Durham
J. E. Holt.....	Greensboro
J. H. Hughes.....	Roxboro
*J. H. Hurdle.....	Mebane
A. H. Johnson.....	Greensboro
*J. P. Jones.....	Chapel Hill
*H. A. Karesh.....	Greensboro
*Dennis F. Keel.....	Greensboro
G. E. Kirkman.....	Greensboro
*C. D. Kistler.....	Randleman
*J. T. Lasley.....	Greensboro
C. T. Lipscombe.....	Greensboro
*D. K. Lockhart.....	Durham
B. R. Long.....	Greensboro
*H. S. Long.....	Graham
R. E. Long.....	Roxboro
J. R. Meador.....	Reidsville
*E. M. Medlin.....	Aberdeen
*C. I. Miller.....	Albemarle
J. S. Moore.....	Reidsville
*H. W. Moore.....	Hillsboro
*H. V. Murray.....	Burlington

C. W. McAnally.....	Madison
S. H. McCall.....	Troy
E. P. McCutcheon.....	Durham
A. A. McDuffie.....	Candor
Gates McKaughan.....	Kernersville
W. R. McKaughan.....	High Point
*J. B. Newman.....	Burlington
R. T. Nichols.....	Rockingham
Carl P. Norris.....	Durham
*L. G. Page.....	Yanceyville
*H. M. Patterson.....	Burlington
D. R. Pitts.....	High Point
*C. C. Poindexter.....	Greensboro
E. F. Pope.....	Albemarle
*W. A. Pressly.....	Greensboro
*O. L. Presnell.....	Asheboro
A. P. Reade.....	Durham
*A. L. Richardson.....	Spray
E. E. Richardson.....	Leaksville
*J. B. Richardson.....	High Point
*G. R. Salisbury.....	Asheboro
J. C. Senter.....	Albemarle
E. W. Shackelford.....	Durham
S. W. Shaffer.....	Greensboro
B. B. Shamberger.....	Star
*Neal Sheffield.....	Greensboro
*T. E. Sikes.....	Greensboro
H. A. Smathers.....	Greensboro
L. T. Smith.....	Reidsville
*J. S. Spurgeon.....	Hillsboro
*A. R. Stanford.....	Greensboro
*John Swaim.....	Asheboro
*C. H. Teague.....	Greensboro
E. R. Teague.....	Reidsville
H. W. Thompson.....	Hamlet
*E. A. Troxler.....	Greensboro
E. J. Tucker.....	Roxboro
*J. T. Underwood.....	Durham
R. L. Underwood.....	Greensboro
J. S. Wells.....	Reidsville
R. G. Wharton.....	Sanatorium
C. M. Wheeler.....	Greensboro
*J. H. Wheeler.....	Greensboro
*P. B. Whittington.....	Greensboro
*R. A. Wilkins.....	Burlington
B. W. Williamson.....	Hamlet
J. F. Williamson.....	Wadesboro
W. L. Woodard.....	Asheboro
G. N. Yates.....	Durham
*L. H. Zimmerman.....	High Point
L. R. Zimmerman.....	High Point
T. R. Zimmerman.....	High Point

FOURTH DISTRICT

*C. E. Abernathy.....	Raleigh
*H. L. Allen.....	Henderson
R. T. Allen.....	Lumberton
*B. L. Aycock.....	Princeton
*C. D. Bain.....	Dunn
*A. D. Barber.....	Sanford
J. B. Bardin.....	Chadbourn
*V. E. Bell.....	Raleigh
R. M. Blackman.....	Selma
Dexter Blanchard.....	Raleigh
*S. L. Bobbitt, Jr.....	Raleigh
*E. A. Branch.....	Raleigh
*W. H. Branch.....	Raleigh
J. W. Branham.....	Raleigh
E. H. Broughton.....	Raleigh
*C. H. Bryan.....	Apex
J. K. Bryan.....	Oxford
*T. P. Bullard.....	Roseboro
J. R. Butler.....	Dunn
L. E. Buie.....	Lemon Springs
N. G. Carroll.....	Raleigh
*H. R. Chamblee.....	Raleigh
R. D. Clements.....	Raleigh
*J. F. Coletrane.....	Zebulon
A. S. Cromartie.....	Fayetteville
H. R. Cromartie.....	Raeford
*I. H. Davis.....	Oxford
*J. R. Edwards.....	Fuquay Springs
*Paisley Fields.....	Fairmont
*S. J. Finch.....	Oxford
*A. H. Fleming.....	Louisburg
*J. Martin Fleming.....	Raleigh
*C. G. Fuquay.....	Coats
*E. T. Glenn.....	Princeton
C. J. Goodwin.....	Raleigh
R. F. Graham.....	Rowland
*L. G. Hair.....	Fayetteville
G. Fred Hale.....	Raleigh
C. C. Hatch.....	Sanford
J. B. Herndon.....	Laurinburg
W. T. Herndon.....	Fayetteville
*G. L. Hooper.....	Erwin
*S. Robt. Horton.....	Raleigh
*E. B. Howle.....	Raleigh
I. H. Hoyle.....	Henderson
E. W. Hunter.....	Sanford
J. K. Hunt.....	Jonesboro
J. H. Ihrie.....	Wendell
*Wilbert Jackson.....	Clinton
*J. A. Jernigan.....	Dunn

J. C. Johnson.....	Raleigh
*K. L. Johnson.....	Raleigh
M. L. Johnson.....	Whiteville
*R. S. Jones.....	Warrenton
*J. H. Judd.....	Fayetteville
*E. N. Lawrence.....	Raleigh
E. G. Lee.....	Clinton
*H. O. Lineberger.....	Raleigh
*W. T. Martin.....	Raleigh
*L. M. Massey.....	Zebulon
*W. J. Massey.....	Smithfield
*L. J. Moore.....	Saint Pauls
J. D. Muse.....	Henderson
W. F. Mustian.....	Warrenton
*F. W. McCracken.....	Sanford
H. McK. McDiarmid.....	Racford
S. R. McKay.....	Lillington
*W. L. McRae.....	Red Springs
*R. M. Olive.....	Fayetteville
W. J. Payne.....	Clayton
*D. L. Pridgen.....	Fayetteville
J. M. Pringle.....	Elizabethtown
*W. W. Rankin.....	Raleigh
*C. W. Sanders.....	Benson
E. L. Smith.....	Raleigh
D. T. Smithwick.....	Louisburg
*R. M. Squires.....	Wake Forest
R. W. Stephens.....	Apex
J. E. Swindell.....	Raleigh
W. W. Taylor.....	Warrenton
J. J. Tew.....	Clayton
*M. F. Townsend.....	Lumberton
*R. A. Turlington.....	Clinton
A. D. Underwood.....	Raleigh
*M. A. Waddell.....	Fair Bluff
S. R. Watson.....	Henderson
*J. W. Whitehead.....	Smithfield
*W. F. Yates.....	Chadbourn
*T. L. Young.....	Raleigh
*J. R. Zachary.....	Raleigh

FIFTH DISTRICT

*V. M. Barnes.....	Wilson
*O. J. Bender.....	Jacksonville
M. D. Bissett.....	Wilson
*A. B. Bland.....	Wallace
A. C. Bone.....	Rocky Mount
Dewey Boseman.....	Wilson
*J. O. Broughton.....	Wilmington
J. W. Brown.....	Rich Square
*L. H. Butler.....	Hertford

F. G. Chamblee.....	Spring Hope
H. W. Civils.....	New Bern
F. H. Coleman.....	Wilmington
R. C. Daniel.....	Southport
J. H. Dreher.....	Wilmington
D. W. Dudley.....	Kinston
J. F. Duke.....	Washington
L. J. Dupree.....	Kinston
A. C. Early.....	Aulander
C. D. Eatman.....	Rocky Mount
E. L. Eatman.....	Rocky Mount
J. R. Edmundson.....	Wilson
*Z. L. Edwards.....	Washington
*D. J. Eure.....	Morehead City
*P. Fitzgerald.....	Greenville
M. A. Garriss.....	Margarettsville
C. H. Geddie.....	Goldsboro
*E. C. Grady.....	Elm City
S. W. Gregory.....	Elizabeth City
W. S. Griffin.....	Edenton
W. L. Hand.....	New Bern
M. M. Harris.....	Elizabeth City
*W. I. Hart.....	Edenton
*Oscar Hooks.....	Wilson
*R. F. Hunt.....	Rocky Mount
*A. T. Jeanette.....	Washington
*B. McK. Johnson.....	Greenville
C. B. Johnson.....	New Bern
*J. N. Johnson.....	Goldsboro
W. H. Johnson.....	Plymouth
*P. E. Jones.....	Farmville
*H. L. Keith.....	Wilmington
*J. M. Kilpatrick.....	Robersonville
J. L. Leggett.....	Hertford
A. C. Liverman.....	Scotland Neck
A. R. Mallard.....	Goldsboro
S. E. Malone.....	Goldsboro
*Sandy C. Marks.....	Wilmington
*M. B. Massey.....	Greenville
W. C. Mercer.....	Williamston
*L. J. Meredith.....	Wilmington
*Clyde E. Minges.....	Rocky Mount
R. W. Moore.....	Tarboro
*B. R. Morrison.....	Wilmington
W. E. Murphrey.....	Roanoke Rapids
M. T. McMillan.....	Goldsboro
H. E. Nixon.....	Elizabeth City
J. A. Oldham.....	Wilmington
*W. T. Oliver.....	Rocky Mount
*G. L. Overman.....	Goldsboro
William Parker.....	Elizabeth City
Z. V. Parker.....	New Bern

*G. E. Pigford.....	Wilmington
*J. G. Poole.....	Kinston
*S. D. Poole.....	Goldsboro
*C. G. Powell.....	Ahoskie
J. B. Powell, Jr.....	Ahoskie
G. W. Price.....	Kinston
*W. T. Ralph.....	Belhaven
*C. R. Riddick.....	Ayden
*A. M. Schultz.....	Greenville
*J. H. Smith.....	Wilmington
*J. C. Smith.....	Wilmington
*M. R. Smith.....	Harrellsville
W. T. Smith.....	Wilmington
*T. W. Smithson.....	Rocky Mount
Herbert Spear.....	Kinston
*J. L. Spencer.....	Williamston
J. W. Stanley.....	Wilmington
E. W. Tatam.....	Mount Olive
C. A. Thomas.....	Wilmington
*J. E. L. Thomas.....	Tarboro
*H. K. Thompson.....	Wilmington
*R. L. Tomlinson.....	Wilson
R. S. Turlington.....	Goldsboro
*J. V. Turner.....	Wilson
Ransey Weathersbee.....	Wilmington
W. J. Ward.....	Weldon
W. M. Ward.....	Roanoke Rapids
E. R. Warren.....	Goldsboro
J. F. West.....	Roanoke Rapids
J. H. White.....	Elizabeth City
A. P. Whitehead.....	Rocky Mount
R. L. Whitehurst.....	Rocky Mount
R. E. Williams.....	Goldsboro
*O. L. Wilson.....	Kinston
*A. L. Wooten.....	Greenville
J. H. Yelverton.....	Wilson
*W. H. Young.....	Burgaw

The above list corrected to August 1, 1935.

*Present at 1935 (Blowing Rock) meeting.

ATTENDANCE 1935 MEETING

First District.....	66
Second District.....	80
Third District.....	49
Fourth District.....	50
Fifth District.....	44
Visiting Dentists.....	42
Other Visitors.....	122
Total.....	453

**DENTISTS LICENSED TO PRACTICE IN NORTH CAROLINA AT
THE OFFICIAL EXAMINATION HELD JUNE 24, 1935**

Bradshaw, Thomas Clarke.....	Burkeville, Va.—	Graduated 1935
Bumgardner, John Roosevelt.....	Fallston, N. C.—	Graduated 1935
Bumgardner, Lewis Franklin.....	Fallston, N. C.—	Graduated 1935
Bushnell, William Weatherby.....	Jenkindtown, Pa.—	Graduated 1935
Clark, Inell Caudell.....	Apex, N. C.—	Graduated 1935
Fritz, John Richard.....	Hickory, N. C.—	Graduated 1935
Hedrick, Paul Enos.....	Lenoir, N. C.—	Graduated 1935
Johnson, Charles Bascom.....	Wilmington, N. C.—	Graduated 1935
Moore, Carl Newton.....	Wilmington, N. C.—	Graduated 1935
Reich, Edgar Holton.....	Lexington, N. C.—	Graduated 1935
Williamson, Venoy McCrary.....	Knoxville, Tenn.—	Graduated 1935
Crotts, Hylton Kenneth.....	Philadelphia, Pa.—	Graduated 1932
Garrett, Reid Thomas.....	Atlanta, Ga.—	Graduated 1929

**ROLL OF LIFE MEMBERS, BY VIRTUE OF HAVING PAID DUES
FOR TWENTY-FIVE CONSECUTIVE YEARS**

FIRST DISTRICT

F. L. Hunt.....	Asheville
J. B. Little.....	Hickory
D. E. McConnell.....	Gastonia
J. R. Osborne.....	Shelby
J. M. Parker.....	Asheville
I. R. Self.....	Lincolnton
J. A. Sinclair.....	Asheville

SECOND DISTRICT

J. E. Banner.....	Mount Airy
J. D. Carlton.....	Salisbury
E. G. Click.....	Elkin
W. J. Conrad.....	Winston-Salem
H. C. Daniel.....	Salisbury
H. C. Henderson.....	Charlotte
P. E. Horton.....	Winston-Salem
J. G. Marler.....	Yadkinville
J. M. Neel.....	Salisbury
R. L. Ramsey.....	Salisbury
W. M. Robey.....	Charlotte
C. F. Smithson.....	Charlotte
J. C. Watkins.....	Winston-Salem

THIRD DISTRICT

J. S. Betts.....	Greensboro
W. F. Clayton.....	High Point
N. T. Holland.....	Durham

C. T. Lipscombe.....	Greensboro
D. K. Lockhart.....	Durham
R. T. Nichols.....	Rockingham
C. P. Norris.....	Durham
E. E. Richardson.....	Leaksville
L. T. Smith.....	Reidsville
J. S. Spurgeon.....	Hillsboro
E. J. Tucker.....	Roxboro
J. S. Wells.....	Reidsville
J. H. Wheeler.....	Greensboro

FOURTH DISTRICT

R. T. Allen.....	Lumberton
N. G. Carroll.....	Raleigh
A. S. Cromartie.....	Fayetteville
I. H. Davis.....	Oxford
A. H. Fleming.....	Louisburg
J. Martin Fleming.....	Raleigh
J. H. Judd.....	Fayetteville
F. W. McCracken.....	Sanford
G. B. Patterson.....	Fayetteville
R. M. Squires.....	Wake Forest
R. W. Stephens.....	Apex

FIFTH DISTRICT

O. J. Bender.....	Jacksonville
J. H. Dreher.....	Wilmington
J. R. Edmundson.....	Wilson
Oscar Hooks.....	Wilson
J. N. Johnson.....	Goldsboro
H. L. Keith.....	Wilmington
S. E. Malone.....	Goldsboro
W. T. Smith.....	Wilmington
J. W. Stanley.....	Wilmington
J. H. White.....	Elizabeth City
J. H. Yelverton.....	Wilson

INACTIVE LIST

L. V. Henderson.....	Virginia
W. F. Maderis.....	Charlotte
P. L. Pearson.....	Apex
J. S. Hoffman.....	Charlotte

PRESIDENTS OF THE SOCIETY SINCE ITS ORGANIZATION

1875-76.....	*B. F. Arrington	1906-07.....	J. R. Osborne
1876-77.....	*V. E. Turner	1907-08.....	*D. L. James
1877-78.....	*J. W. Hunter	1908-09.....	F. L. Hunt
1878-79.....	*E. L. Hunter	1909-10.....	J. C. Watkins
1879-80.....	*D. E. Everett	1910-11.....	A. H. Fleming
1880-81.....	*Isaiah Simpson	1911-12.....	P. E. Horton
1881-82.....	*M. A. Bland	1912-13.....	*R. G. Sherrill
1882-83.....	*J. F. Griffith	1913-14.....	C. F. Smithson
1883-84.....	*W. H. Hoffman	1914-15.....	J. A. Sinclair
1884-85.....	*J. H. Durham	1915-16.....	I. H. Davis
1885-86.....	J. E. Matthews	1916-17.....	*R. O. Apple
1886-87.....	*B. H. Douglas	1917-18.....	R. M. Squires
1887-88.....	*T. M. Hunter	1918-19.....	J. N. Johnson
1888-89.....	*V. E. Turner	1919-20.....	W. T. Martin
1889-90.....	*S. P. Hilliard	1920-21.....	J. H. Judd
1890-91.....	H. C. Herring	1921-22.....	W. M. Robey
1891-92.....	*C. L. Alexander	1922-23.....	S. R. Horton
1892-93.....	*F. S. Harris	1923-24.....	*R. M. Morrow
1893-94.....	*C. A. Rominger	1924-25.....	J. A. McClung
1894-95.....	*H. D. Harper	1925-26.....	H. O. Lineberger
1895-96.....	*R. H. Jones	1926-27.....	B. F. Hall
1896-97.....	*J. E. Wyche	1927-28.....	E. B. Howle
1897-98.....	*H. V. Horton	1928-29.....	I. R. Self
1898-99.....	C. W. Banner	1929-30.....	J. H. Wheeler
1899-1900.....	A. C. Liverman	1930-31.....	Paul E. Jones
1900-01.....	E. J. Tucker	1931-32.....	Dennis Keel
1901-02.....	J. S. Spurgeon	1932-33.....	Wilbert Jackson
1902-03.....	*J. H. Benton	1933-34.....	Ernest A. Branch
1903-04.....	J. M. Fleming	1934-35.....	L. M. Edwards
1904-05.....	*W. B. Ramsey	1935-36.....	Z. L. Edwards
1905-06.....	J. S. Betts		

*Deceased.

HONORARY MEMBERS

Austin, J. L.....	Chattanooga, Tenn.
Bear, Harry.....	Richmond, Va.
Bland, C. A.....	Charlotte N. C.
Bogle, R. B.....	Nashville, Tenn.
Byrnes, R. R.....	Atlanta Southern Dental College, Atlanta, Ga.
Callahan, P. E.....	McRae, Ga.
Cason, W. L.....	Athens, Ga.
Collins, Clara C.....	Atlanta, Ga.
Cooper, George M.....	Raleigh, N. C.
Cuthbertson, C. W.....	Washington, D. C.
Dale, J. A.....	Nashville, Tenn.
Eby, Joseph D.....	54 East 62nd St., New York City
Foster, S. W.....	Atlanta Southern Dental College, Atlanta, Ga.

Goldberg, E. H.....	Bennettsville, S. C.
Gorman, J. A.....	New Orleans, La.
Hardin, W. R.....	U. S. P. H., Atlanta, Ga.
Harrison, G. R.....	Richmond, Va.
Hartzell, Thomas B.....	716 Donaldson Bldg., Minneapolis, Minn.
Hill, Thomas J.....	Cleveland, Ohio
Howard, Clinton C.....	Atlanta, Ga.
Howe, Percy R.....	Boston, Mass
Huff, M. D.....	Candler Bldg., Atlanta, Ga.
Hughes, C. N.....	Grant Bldg., Atlanta, Ga.
Johnson, H. H.....	Macon, Ga.
Kelsey, H. L.....	Baltimore, Md.
King, Otto U.....	5 N. Wabash Ave., Chicago, Ill.
Lambert, W. E.....	Atlanta, Ga.
Maves, T. W.....	501 Donaldson Bldg., Minneapolis, Minn.
Malone, R. W.....	U. S. Navy
Milner, H. A.....	Aiken, S. C.
Moore, S. W.....	Baltimore, Md.
Neil, Ewell.....	Doctor's Bldg., Nashville, Tenn.
Netherlands, Frank.....	Asheville, N. C.
Nodine, Alonzo M.....	London
Price, Weston A.....	8926 Euclid Ave., Cleveland, Ohio
Quattlebaum, E. G.....	Columbia, S. C.
Rickert, U. Garfield.....	Ann Arbor, Mich.
Ruhl, J. P.....	New York, N. Y.
Russell, A. Y.....	University of Maryland, Baltimore, Md.
Rutledge, B.....	Florence, S. C.
Sheffield, L. Langdon.....	Toledo, Ohio
Simpson, R. L.....	Richmond, Va.
Summerman, D. H.....	Philadelphia, Pa.
Smith, A. E.....	Chicago, Ill.
Spratley, W. W.....	Richmond, Va.
Star, E. L.....	Philadelphia, Pa.
Stevenson, Albert H.....	376 5th Ave., New York, N. Y.
Stewart, H. T.....	New York, N. Y.
Stone, A. E.....	Philadelphia, Pa.
Strickland, A. C.....	Anderson, S. C.
Tench, R. W.....	New York, N. Y.
Thompson, Webb.....	Spartanburg, S. C.
Tilson, H. B.....	Louisville, Ky.
Turner, C. R.....	University of Pennsylvania, Philadelphia, Pa.
Visanska, S. A.....	Atlanta, Ga.
Whitaker, J. D.....	Indianapolis, Ind.
White, J. A.....	Williamston, N. C.
Wooding, C. E.....	Winston-Salem, N. C.
Wright, John B.....	Raleigh, N. C.



THE
BULLETIN
OF
The North Carolina
Dental Society



*As we advance in life, we learn the
limits of our abilities.*

FROUDE.

OCTOBER, 1935

Vol. 19

RALEIGH, N. C.

No. 2

WOODWARD

VITALLIUM

The Aristocrat of Dentures



WE PRESENT—

» » *Vitallium*

IN PRESENTING VITALLIUM to you at this date, we do so thoroughly convinced that in Vitallium we are bringing you a new service whereby it will be possible to serve a large percentage of your patients with better dentistry.

Our decision to sponsor Vitallium in this section of the country has not been hastily made. Fully conscious of the hesitancy of the Profession to accept new materials, we were unwilling to do anything for which we might be criticized at a later date.

Your interests are not separated from our own. We say "Use Vitallium," for we have determined for you that it is in fact better dentistry and worthy of your specification.

May we have an opportunity to tell you more about Vitallium? May we construct your next removable in this remarkable metal?

GREENSBORO, N. C.

P. O. DRAWER-C.

PATRONIZE OUR ADVERTISERS

DENTISTS pioneered »
IPANA popularized » »
the theory of GUM MASSAGE

Dentists made one of their greatest contributions to the health of the world by discovering the efficacy of gum massage in strengthening gingival tissue and building resistance to infection.

And for 15 years Ipana has helped the profession spread the gospel of gum massage through its extensive advertising. Today, gum massage is a national habit in millions of American homes. Ipana's formula makes it an ideal agent in the practice of gum massage. And thousands of dentists are recommending its use to their patients for the home care of the teeth and gums as an adjunct to their professional work at the chair.

IPANA TOOTH PASTE



Hygiene of the Intestine

The regular elimination of waste products is a necessary adjunct to prophylaxis in treating certain oral disturbances.

Calcareous deposits, salivary debris, thick ropy saliva yield to the corrective influence of Sal Hepatica.

Sal Hepatica is a mild effective laxative and eliminant. It follows up the dentists' prophylactic treatment of the "vestibule" with a healthy cleansing of the intestinal tract.

SAL HEPATICA



BRISTOL-MYERS COMPANY
NEW YORK

P A T R O N I Z E O U R A D V E R T I S E R S



TO

DR. I. R. SELF

*whose geniality and untiring labors for his profession have
endared him to North Carolina Dentists*

THE BULLETIN

....of....

THE NORTH CAROLINA DENTAL SOCIETY

VOL. 19

OCTOBER, 1935

No. 2

Entered as second-class matter as a quarterly September 26, 1931, at the post-office, Raleigh, N. C., under Act of August 24, 1912

Subscription per year\$1.00

OFFICERS 1935-36

DR. Z. L. EDWARDS, President.....Washington
DR. D. L. PRIDGEN, President-ElectFayetteville
DR. J. F. REECE, Vice-President.....Lenoir
DR. FRANK O. ALFORD, Secretary-Treasurer.....Charlotte

EXECUTIVE COMMITTEE

DR. PAUL E. JONES, Chairman (1937).....Farmville
DR. NEAL SHEFFIELD (1936).....Greensboro
DR. C. M. PARKS (1938).....Winston-Salem

EDITOR-PUBLISHER

DR. G. FRED HALE.....Raleigh

RESOLUTIONS AND ACTS

In May, 1931, at Winston-Salem, the North Carolina Dental Society adopted the following resolution:

"That the North Carolina Dental Society look with growing concern and condemnation on 'Trade Journalism' and the teaching propensities of manufacturers in their efforts to advertise their products by means that seem at least unethical to the profession at large."

"We feel that a Trade Journal can in no wise compare with the recognized Dental Journals, and that too often the literature or lecture of the manufacturer partakes too much of high-powered salesmanship. We feel that this knowledge can be best obtained through the regular channels afforded by the Postgraduate Dental Courses of reputable Dental Colleges, clinic courses, and official meetings of State, District, and Local Societies."

Previously the State Board of Dental Examiners expressed themselves in a resolution in a similar vein, but it took an act of the Legislature of 1935 to make effective our wishes. Before this act became in force we had appearing in North Carolina from time to time representatives of manufacturers giving clinics and, in some instances, operating on patients. It is hardly to be denied that their interest was not so much in the welfare of the Dental Profession as it was in the sale of their product. However, the excellence of their products was not questioned, but the manner of advertising was not favorable to us. We can hardly bridle ourselves to believe that a dentist or physician of outstanding or exceptional ability would elect such an avenue to present his knowledge. A jealously guarded empire was invaded—peaceful on the presumption that the scheme had educational merit, but in its wake we most often found the ashes of disappointment and the memory of a spent evening, the value of which was doubtful.

There was apparently no effort made to ascertain if such a procedure was consistent with the desire, ambition, and ideals of the North Carolina Dental Society. Should there not have arisen some question of the propriety of such advertising before a group of men whose training and experience would naturally qualify them for seeking knowledge from a source where there was no element of profit and from a clinician whose ability and reputation had been investigated by representatives of organized dentistry?

For the moment let us forget this side of the question and turn another page in the story. We will assume that the product advertised and the clinician appearing were both of merit—the former having been tested in the laboratory and proven in actual practice to be highly satisfactory; the latter to have had the necessary background of training, the advantage of long clinical experience, and instinct of ethics and the ideals of the profession; we would still not be justified in encouraging such a method of advertising. It would set a precedent for advertising any and all kinds of products, and for men to use our profession to further their aims and ambitions. Let us ever be remindful of the great difference between a professional and commercial enterprise. The Dental Profession is idealistic and has as its first duty and sacred privilege the care of those who *seek* our services. In contradistinction, the manufacturer seeks you as a buyer and must think of the profits for the stockholders.

We are not casting any reflections on the honesty or integrity of these excellent pharmaceutical houses, nor do we object to their

representatives telling us something of the merits of their products, but we have sometimes questioned their method of approach. It is always a pleasure to receive in our offices the detail men from the various pharmaceutical houses, as well as those representing manufacturers of dental supplies.

The officers of the North Carolina Dental Society want to carry out the wishes of the members, and following the spirit of the resolutions adopted, they undertook to have a law passed to comply with your wishes.

Let it be said that at any time any District or Local Society wishes to *invite* anybody to appear before them, it is their concern, and theirs only.

ADDRESS DELIVERED BY JUDGE NATHAN CAYTON
BEFORE THE FIVE-STATE POSTGRADUATE CLINIC,
WARDMAN PARK HOTEL, WASHINGTON, D. C.,
MARCH 18, 1935

In engaging your attention to a discussion of the legal rights, duties, and obligations of the dental and medical practitioner, if I am not able to add greatly to your store of knowledge, or to the information already gleaned by you from your experience and readings in jurisprudence, I at least venture to hope that I may succeed in exciting your interest in the legal aspects of certain phases of your lifework. For the most part, all that I shall say will be similarly applicable to practitioners of medicine as well as dentists, because the two professions are regarded as being upon the same footing for practically all purposes in the law.

We are all governed by laws which are promulgated by our regularly elected and designated law-making officials, and construed by our courts. Many of our private actions and most of our official actions find their authorization, and certain of their limitations, in the laws as enacted by the various legislatures and as construed and clarified by the courts of the land. All of us must be interested to know how those laws and court decisions affect us in the business or profession to which we devote our time, and for the successful conduct of which we spend the greater part of our youth in preparation.

What are the laws governing the practice of dentistry and the conduct of the members of the dental profession? What are the

limitations which will be placed upon you as such practitioners, and what are the danger points to be avoided by you as dentists? I shall discuss with you the legal method under which you attain the status of full-fledged dentists, the relation of the dentist to his patient (and the patient to the dentist), malpractice suits and how to avoid them, suits for unauthorized operations, and lastly, the question of compensation for your services.

I. THE LEGAL STATUS OF THE DENTIST

Everywhere in this country laws and regulations have been enacted concerning the right of citizens to engage in the practice of dentistry. In some few places there has been held to be no distinction between the practice of medicine and the practice of dentistry. For example, in the State of Rhode Island the laws are to the effect that authority to practice medicine includes the right to practice dentistry as a branch of surgery, without having first complied with the requirements specially provided as a condition for practicing dentistry. In Minnesota, however, a person licensed to practice medicine and surgery cannot on the strength of that license engage in the practice of dentistry, because in that state the legislature has specifically separated the two professions and separately prescribed the rules for admission to the practice of each. It may be safely said that dentistry is not the practice of medicine, but stands alone on its own footing as a separate and distinct profession, though it is generally true that the legal status of a dentist is equal to that of the medical practitioner, as one who practices the healing arts.

II. ADMISSION TO PRACTICE

In the District of Columbia a full and well-considered statute has been enacted by the Congress of the United States governing the practice of dentistry and prohibiting such practice, or the practice of oral hygienies, without a license. A board of five dental examiners serves under appointment of the Commissioners of the District. They are selected from a list of eligible members submitted by the dental societies, which may not, however, include any officer or member of the faculty of any dental school or college. Such dentists are specifically excluded by the law. The board has an official seal, has power to summon witnesses, administer oaths, and enforce the provisions of all the laws relating to the practice of dentistry and dental hygiene, making reports thereon to the

Commissioners. The Corporation Counsel of the District of Columbia and his staff of assistants act as legal counsel to the board. The Board of Examiners is required under the law to hold an examination in January and June of each year, and to require written or oral tests, or both, in the subjects of anatomy, anaesthetics, bacteriology, chemistry, histology, operative dentistry, oral hygiene, oral surgery, orthodontia, physiology, prosthetic dentistry, materia medica, medical therapeutics, and other subjects.

To the successful applicants of such examinations the board (upon a showing of good moral character), issues a license which authorizes the candidate to practice dentistry in the District of Columbia. A similar procedure is followed by candidates for a license to practice dental hygiene. Such dental hygienists are permitted to practice under the direction of a licensed dentist, public institution, or school authority. They are permitted only to remove deposits, accretions, and stains from the surfaces of the teeth, and are specifically prohibited from any other operation on the teeth or the tissues of the mouth. We have had no cases of this kind in the District of Columbia, but such cases are not unknown, and, in fact, a case of this kind arose in California in which charges of unprofessional conduct were filed against a dentist based upon the charge that he had knowingly and unlawfully permitted his office nurse to administer treatments for pyorrhea. In that case the dentist escaped punishment, but the rule was clearly established that a dentist may not delegate any of his functions as a practitioner to any other person, whether he be an associate, employee, or occupy any other position, except he or she be a full-fledged and duly licensed practitioner of dentistry.

For cause shown, the board may revoke or suspend the license of a dentist or a dental hygienist. The board is vested with authority to prosecute in the police court of the District any person who (without a license) attempts, directly or indirectly, to perform dental operations of any kind, or diagnose or treat diseases or lesions of the teeth or jaws mechanically, medicinally, or by the use of radiograms, or who attempts to adjust malposition thereof, or who in any manner holds himself out to the public as a dentist. No person is permitted to practice or attempt to practice dentistry, under any name except his proper name, and under penalty of fine or imprisonment it has been made unlawful to employ the name of any company, association, corporation, trade name or business name in connection with such practice.

From time to time complaints have been made and criticism has been offered by disappointed or disgruntled candidates as to the alleged high-handed attitude of states or municipalities in governing and circumscribing the admission of persons to the practice of dentistry, as well as medicine; almost without exception every attempt to test the power of such boards in the courts has met with failure. As recently as 1926, a case involving one who sought to be a dentist arose in the State of Minnesota; and I take the time to give you the facts in that case because it is the only case of its kind ever to reach the Supreme Court of the United States for decision. In that case one Graves had applied for a license, but had been refused the right to take an examination because he did not have a diploma from an accredited dental college. Defying the board, he set himself up in practice and was promptly prosecuted on a charge of practicing without a license. He asserted his fitness to practice and challenged the constitutional validity of the statute. His contention was overruled and he was found guilty and sentenced. That sentence was affirmed by the Supreme Court of the State of Minnesota. He removed the case to the United States Supreme Court, claiming that the statute requiring a diploma from a dental college was unreasonable, arbitrary, and discriminatory. In overruling his contention the Supreme Court of the United States said, "The power of the state to provide for the general welfare of its people authorizes it to prescribe all such regulations as in its judgment will secure or tend to secure them against the consequences of ignorance and incapacity, as well as deception and fraud. As one means to this end it has been the practice of the different states from time immemorial to exact in certain pursuits a certain degree of skill and learning upon which the community may confidently rely, their possession being generally ascertained upon an examination by competent persons or inferred from a certificate to them in the form of a diploma or license from an institution established for instruction upon the subjects, scientific and otherwise, with which such pursuits have to deal. The nature and extent of the qualifications required must depend primarily upon the judgment of the state as to their necessity." That, as I have said, is the only decision in our court of last resort upon this subject; and by a strange twist of fate Mr. Justice Sanford, who wrote the opinion in that case, himself died immediately following a dental treatment in this city about five years later.

III. RELATION BETWEEN DENTIST AND PATIENT

(a) Malpractice

The relation of dentist and patient rests upon a contract, express or implied, and in almost every case it is an implied rather than an express contract. Every action for malpractice is based upon the alleged violation of a civil right, based in turn upon some breach of duty. The gist of every complaint is necessarily the *negligence* of the dentist. Malpractice has been correctly defined as "the negligent performance of the duties which are devolved upon him by virtue of his relations with his patient, or as bad or unskillful practice whereby a patient is injured." In every such case the plaintiff has the burden of proof, and the three elements essential to his case are: First, that the relationship of dentist and patient in fact existed; second, that the dentist departed from some duty owed by him to the patient; and third, that the departure from that duty was the proximate or producing cause of the injury or bad result of which he complains. Examining these propositions somewhat more closely, we find the law to be first, that the relationship of dentist and patient must exist. A dentist, like any other citizen, is free to accept or reject any employment which is tendered him. As I have already stated, the duty devolving upon a dentist arises from his employment, and that employment in turn is based upon a contract. The contract is one by which the dentist at the request of a patient agrees to diagnose, treat, or operate upon that patient. It need not be a formal, written contract, and usually never is. The test in determining whether the relationship exists is usually the conduct of the parties indicating a desire on the part of the patient that the dentist render some service, and a willingness on the part of the dentist to render it. The amount of the fee is immaterial, and it is of no importance whether anything is said about the fee or not. As a matter of law, the liability of the dentist is just as great even in cases where his services are rendered gratuitously. It is probably to the great glory of the dental profession that its members, like those of the medical profession, devote a great part of their time to charity cases, that is to say, those who are unable to pay a fee. But it should never be forgotten that with or without a fee the liability of the dentist, like that of the doctor, is fixed, and his legal obligation to render proper service remains the same. It is interesting to note what one of the courts of last resort ruled with reference to work in a clinic. In a New York case a physician inflicted an

injury to the plaintiff's hand by cutting through a bandage to the hand itself. The court held that it was his duty to examine the condition of the bandage, and the hand, and to determine the condition of the patient's hand before applying the sheers. The Court said: "The hurried work in a public dispensary does not excuse the lack of ordinary care."

The second requirement which the law exacts of one who seeks damages in a malpractice action is that he establish that the dentist violated some duty which he owed his patient. What is that duty? Is it necessary that the dentist inform his patient in advance as to his fitness and qualifications? The courts have held in the negative. The well-settled rule of law is that every time a dentist takes charge of a case he impliedly represents that he possesses that reasonable degree of learning and skill which is ordinarily possessed by dental practitioners of his locality. Not the highest degree of skill or learning; not the best mind or the most capable pair of hands—but such reasonable skill and care as is ordinarily possessed by his fellow practitioners in his own community or locality. He must not only possess that skill, but it becomes his duty to use it upon every patient he consents to treat. He should not depart from approved methods in general use; he must keep abreast of the times, and he is bound to be up to the improvements of the day, and any failure on his part to do so is considered a legal breach of his duty. It is only fair to state at this point that a plaintiff is not entitled to damages merely establishing that the dentist was guilty of an error of judgment, because if he does what he thinks best after a careful examination, though his judgment be erroneous, he is not answerable in damages. You gentlemen well know that in your profession, as in medicine and in other sciences, one method or course of treatment or procedure may be considered preferable to another. Opinions differ; and oftentimes even the passing of many years, and a lifetime of research, do not serve to establish the efficacy of one method over another, or finally settle disputed matters of procedure. Recognizing this, the law does not hold you liable for mere errors of judgment.

It is always the rule that no dentist is a guarantor or warrantor of cures. That is to say, the ordinary agreement between dentist and patient does not embrace, nor will the law read into such an agreement any guarantee or assurance of a cure, or that no harm will come to the patient. Such an agreement of guarantee, if it arises at all, can only arise by the express, definite promise and agreement of the practitioner that he will cure the patient or guar-

antee a good result. Therefore, if there is any one word of advice I would leave with you today, it is that you never supply any patient, however trustworthy you may believe him to be, with that additional ammunition with which to prosecute a suit for damages. In other words, since the law does not make you a guarantor of the success of your treatment, do not make yourself one by express promise to your patient.

The third element of which I have spoken is that the plaintiff, to become entitled to damages, must show that his damage or injury is the result of the alleged improper treatment. For example, a plaintiff may prove that there has been a breach of duty on the part of a dentist, and that he has been damaged, and yet he cannot recover one cent unless he proves also the connection between the two. That is, he must prove that the breach of duty produced that damage, that the injury resulted from the breach of duty. Judge Taft, while sitting in the Federal Court in Ohio, a number of years before he became President, aptly expressed this in these few words: "Mere lack of skill, or negligence not causing injury, gives no right of action and no right to recover even nominal damages." There must in all cases of malpractice be a showing of direct and not remote, actual and not speculative, connection between the breach of duty and the injury. In order to render a dentist liable it is not enough that there has been a lesser degree of care than some other dentist might have shown, or less even than he himself might have employed, but there must be a want of ordinary and reasonable care leading to and producing a bad result. Almost without exception, the claim the plaintiff makes in the average malpractice case is that the dentist failed to use reasonable care and diligence, or that he departed from approved methods in general use. It is very seldom ever established that a dentist did not possess the requisite skill or that he did not use his best judgment, but the claim usually rests upon one or the other of the two grounds I have named. In plain, simple English, the negligence on the part of a dental practitioner consists of a lack of ordinary care; it means that he did something he should not have done, or omitted to do something he should have done.

The negligence of a dentist can only be shown by other dentists, because common sense requires that no one be allowed to pass judgment upon a professional man without himself having the education and attainments of that same profession.

When a dentist is offered as a witness for the purpose of giving his opinion as to the propriety or impropriety of the acts of

another dentist he is what we call in the law an "expert witness." If he is accepted by the court as an expert it is by reason of his education, training, study, or peculiar knowledge of the questions involved in the case.

(b) Liability for Acts of Associates or Employees

There is another class of cases not perhaps properly headed under the general topic of malpractice, which has arisen with great frequency in recent years and which I apprehend will increase in number in the years to come, by reason of our complex civilization, and the great trend to specialization. The day seems to have passed when the dentist performed all of his work alone. Today we have general practitioners, dental surgeons, hygienists, orthodontists, roentgenologists, prosthetists, and we may yet be in sight of the day when, as Will Rogers has humorously remarked, "we will have upper tooth specialists and lower tooth specialists." However that may be, it is interesting to inquire, and the courts will, I dare say, often be called upon to rule, as to the liability of dentists for acts of members of their office staff, nurses, or assistants. Undoubtedly it is true that the most able and efficient practitioner is usually the one whose services are most in demand, and as his office staff is larger, his risks are correspondingly greater. It is the general rule of law that a dentist, like a surgeon, is not responsible for the incidental or after-care performed by assistants or associates who are not in his employ, unless he has expressly agreed to undertake and be liable for that work. He is, however, liable for the negligence of every associate, hygienist, or nurse actually in his employment. A dentist who acts merely as an on-looker is not responsible for damages resulting, unless he took part in or controlled the operation. Nor is a dentist responsible for the negligence of another practitioner he may have recommended or sent in his place when he is unable to attend the patient, since no relation of agency or employment exists between the practitioners under such circumstances. The Supreme Courts of Montana and Georgia have ruled that where a dentist temporarily leaves his place of practice or residence and recommends another dentist to his patient, he is not to be held responsible, unless it is shown that the second dentist was employed by or associated with him. The theory of the law is that the patient presumably reposed confidence in the substitute, not as an agent of the first dentist, but as a new dentist to whom he entrusted the care of his teeth. However, a

dentist is not to be excused from liability where he stands by and observes an improper operation or treatment being performed by another dentist upon his own patient. In such a case the law requires him to speak out, in order to prevent the improper treatment; and further holds that his silence in the face of his duty to speak may be considered as negligence, and damages assessed accordingly.

(c) Unauthorized Operations

There is another class of litigation involving dentists which does not properly fall within the class of malpractice suits. I refer to suits for damages growing out of unauthorized operations. In this class of suit the plaintiff stands in an entirely different (and I may say, a better) position from that of the plaintiff in a malpractice suit. He need not show any of the elements required to be proven in the malpractice suit. He need not show a lack of skill or knowledge; he need not show an improper exercise of such skill or knowledge; he need not show whether there has been a departure from approved methods or not. He needs to show only two things: first, that the operation or treatment was unauthorized; second, that he was damaged. For all practical legal purposes, this class of cases is considered by the law as a suit for damages growing out of an assault. The theory of liability in such cases has nowhere been better expressed than by Mr. Justice Cordoza, who now sits on the bench of the United States Supreme Court, in an opinion rendered several years ago in the New York Court of Appeals, in which he said: "Every human being has a right to determine what shall be done with his own body, and a surgeon who performs an operation without his patient's consent commits an assault for which he is liable in damages." In those few words that great jurist has aptly stated the entire theory of the law of damages for unauthorized operations. That rule is subject only to the exception that in case of sudden emergency a dentist, like a physician, may perform an operation if the patient is unconscious and unable to give his consent. The simple rule to follow in determining whether there is in fact an emergency is only to determine whether the patient's life or health is in immediate serious danger. If his life or health is not in danger, no emergency exists and the law will not allow an operation without the consent of the patient.

Not many years ago we were called upon to decide a case where a dental practitioner was charged with having removed a tooth without the consent and over the objection of the patient. The

facts were these: A lady, experiencing some pain and discomfort from a supernumerary tooth, had an X-ray taken and removal thereof was advocated. She consulted a second dentist, who likewise made an X-ray examination and advised the removal not only of the supernumerary tooth but of the adjoining tooth as well. This the patient refused to authorize. Nevertheless, after the anæsthetic was administered, the dentist, conceiving that the tooth adjoining the supernumerary tooth was in bad condition, proceeded to extract both of the teeth. The issue between the parties simmered down to this: Was the operation authorized or unauthorized? Was the extraction of the second tooth performed with or without the consent of the plaintiff? It appeared probable that there may have been a misunderstanding between patient and doctor in that case and that perhaps the doctor had not clearly understood the instructions of the patient. In any event, however, upon the evidence we were forced to the conclusion that the operation was unauthorized. Three eminent members of the dental profession in this community were prepared to testify, and one expert, an outstanding authority on the subject and a member of your own faculty, did testify that it was necessary and advisable from a standpoint of good practice and technique to remove both teeth; and while undoubtedly that would have been available as a complete defense to a malpractice action, the court could not and did not recognize that testimony as a defense to a suit for unauthorized operation, and the court pointed out in its opinion that the action was not one for malpractice, that it stood upon a different footing, that the claim of the plaintiff and the liability of the defendant grew out of what is regarded in the law as an assault, an unauthorized act performed upon the body, the mouth, and the tooth of the plaintiff.

An analogous case arose in Wisconsin in which the patient consulted the dentist concerning certain shooting pains in her teeth. The dentist, being unable to make a diagnosis of the cause of the pain, suggested an X-ray examination. He gave the patient a card which contained an outline of the teeth in both jaws and on which he drew a line through six of the upper teeth. Beneath the diagram on this card, the following words were printed: "Kindly mark teeth to be extracted." After marking the card and handing it to the patient, the dentist sent her to another dentist who specialized in extractions and X-ray examinations. The patient took the card and after the lapse of about a month went to the second dentist. She claimed that she did not know what the card con-

tained, but thought it was an introduction to the second dentist, the surgeon. She claimed further that she told the surgeon that she had called to have an X-ray examination made of her teeth in order to discover the cause of the pains, and that the surgeon said he had ascertained the cause. The surgeon's version of the occurrence did not agree with that of the patient. There was no dispute, however, that the patient was placed in a chair, was administered gas, and when she regained consciousness the six teeth marked on the card had been extracted. She thereupon brought an action for damages against both of the dentists. By an instructed verdict of the court the first dentist was exonerated of liability, but the case was submitted to the jury on the claim against the second dentist, the surgeon, and the jury made an award of five thousand dollars damages. This was reduced by the trial judge to thirty-five hundred dollars, and on the judgment for that amount the surgeon appealed. The Supreme Court of Wisconsin pointed out that the question in the case was whether the teeth were extracted with or without the consent of the patient. The court ruled that the jury was warranted in deciding that the operation was unauthorized. The Appellate Court reduced the verdict still further to two thousand dollars, but affirmed the theory of liability on the part of a doctor or dentist who performs any operation without the express consent and authorization of the patient, stating the law to be as follows: "Where a patient is in possession of his faculties and in such physical health as to be able to consult about his condition, and where no emergency exists making it impracticable to confer with him, his consent is a prerequisite to a surgical operation by his physician."

These two cases are perhaps unfortunate because they illustrate how easily a practitioner in the press of his daily work may misconstrue, misinterpret, or misunderstand a patient's intention. But we must never forget that any such mistaken idea on the part of the physician or dentist cannot be taken as an excuse in the law for the failure to follow instructions or the performance of an unauthorized operation, treatment or extraction. The breach of such a duty, whether positive or negative in its nature, must always result in a verdict or judgment against the doctor.

The defendants in those cases could no more have defended upon the ground that the extractions they made were proper, than a physician in a celebrated Minnesota case was allowed to defend a suit for damages for an unauthorized operation on the *left* ear of the plaintiff, when in fact the authorization and employment by

the plaintiff was to perform an operation on the *right* ear. In that case the physician clearly proved that the operation he performed was a successful and skillful one; but the court held that because it was an unauthorized operation, it was a technical assault, since no emergency was shown to have existed, and he was answerable in damages. It is important, therefore, in all cases to have a clear understanding of the treatment to be rendered or the extraction or operation to be performed in order to avoid this most troublesome and difficult form of suit. It is likewise very wise to bear in mind that where an infant is involved, the consent of his parent or legal guardian is necessary to the performance of any operation.

IV. COMPENSATION

I will say a few words to you concerning the compensation for your services. Obviously, every dentist is entitled to recover from his patient or from a third person, for any services rendered where there is an express agreement by the patient or such third person to pay for such services. Usually a wife may bind her husband for dental services, because they are regarded in the law as necessities, like food and clothing. So, too, a dentist may ordinarily recover from a parent for dental services rendered to a child, upon the same theory. There was a time in England when neither dentist nor physician could maintain a suit for his services except when he was able to prove an express contract for the same, it being then the theory of the law that such services were supposed to be rendered gratuitously in the hope of receiving an honorarium or other reward. In those days a surgeon was permitted, however, to sue for a recovery of his fees, as he was placed in a different position by the law from that of the ordinary medical doctor. No such distinction exists in this country today, and a physician, or surgeon, or dentist is entitled to recover either under an express contract to pay a specific fee, the amount of which has been fixed in advance, or when the fee is not fixed in advance, to recover the amount which such services are reasonably worth. I have already said that a dentist may recover from a third person who requests him to render services to the patient, and that is true if it was understood between the dentist and the person employing him that he would be liable to the dentist for the amount of his fee. However, it is generally true that a mere request from one person to a dentist, to render services to another person, does not place him under any obligation to pay for same. This is upon the theory of

public policy to protect those who, as a kindness or courtesy, summon professional aid, particularly in an emergency.

It is interesting and often difficult to determine the reasonable value of the services of a dentist. It is the general rule in law that professional services are worth what they are rated on the professional market. Stating it bluntly and perhaps crudely, the dentist has his knowledge, skill, and services to sell, and the patient agrees to buy such knowledge, skill, and services for the customary price. It has been held that the basis of determining the proper fee charge is the number of visits made, though, of course, the amount of materials used, and the extent to which expensive appliances need to be employed, are all proper elements to be considered in determining the reasonableness of the fee in question. There has been a divergence of opinion in the law as to whether it is proper to show the financial condition of the patient as bearing upon the question of the size of the fee. It is my personal opinion that it is proper in determining the amount of compensation, to show the relative wealth of the defendant; and this is upon the theory that there must be many cases in which the average practitioner receives either no compensation or merely nominal compensation by reason of the relative poverty of the patient, and for such reason it is neither unfair nor improper to fix a larger fee for services rendered to one who is well able to pay such larger amount. Of course, it is true that the same matters which act as a basis for a malpractice suit constitute a defense to a suit for the recovery of a fee. In other words, if a patient is able to prove improper treatment so as to entitle him to damages, that proof is sufficient to disentitle the dentist for any compensation for his services. The defense is not in bar of the suit for services, but is considered as a counterclaim. However, as it is true that the dentist (like the physician) does not generally guarantee a cure, the mere failure to cure cannot constitute a defense in the ordinary case; and so, too, a dentist may recover for his services though it be shown that he used bad judgment or that a bad result occurred.

V. EXPERT WITNESSES

In all the litigation I have mentioned, it usually is necessary for the patient or the dentist, or both, to produce what I have referred to as expert or opinion evidence to support one side or other of the case. As it seems too much to hope that you will be able to go through a lifetime without having some day to appear in court

as party or witness, I would venture a few suggestions as to your conduct in the courtroom on such unwelcome occasions.

I think it is wise to caution you at the outset that no greater sanctity or privilege attaches to you as members of the medical or dental professions, than to any other person who may be summoned as a witness to testify in a court proceeding. Nor are you entitled, as a matter of law, to any greater compensation than any other witness unless you have specifically agreed in advance for such additional compensation for your time in court attendance. An interesting case of this kind arose in this District a few years ago in a case which involved the value of certain real estate. A prominent real estate man was summoned as a witness, but refused to testify as to the value of certain property for the sole reason that no compensation had been paid him for his services as an expert. Our Court of Appeals ruled that while the court could not compel him to go out and view the property or perform any service or labor in order to enable him to testify, that he was nevertheless compellable to testify as a witness and to give his opinion based on knowledge he already possessed, without any compensation other than the usual witness fee. In so ruling, the Court followed the rulings of the Illinois and Massachusetts courts bearing on that point and being to the same effect, namely, that a witness claiming to be an expert or produced as such, while he may not be required to perform any services or make any examination, may be required to testify and give opinion evidence without extra compensation of any kind.

I see no occasion for fear or alarm when you go into court under a subpoena or otherwise. You are summoned only to tell what you know, and when you are prepared honestly to disclose that, you need fear no attorney, judge, jury, nor other persons.

There is no set rule or formula by which you are to conduct yourself on the witness stand, but I would like to give you these few simple words of advice:

1. Remember that the court and jury are sitting to adjust and decide cases which the parties have been unable to settle peaceably among themselves.

2. Remember that you, as party or witness, have been brought into court to assist judge and jury in arriving at a just and righteous verdict.

3. Never go into court unprepared. Look over your notes and records in advance, and familiarize yourself again with names, dates, places, and amounts.

4. Take your records and books with you. You will be permitted to use them for the purpose of refreshing your recollection. If you have books and records touching upon the controversy and fail to produce them, it will be commented on by opposing counsel to your embarrassment and disadvantage.

5. Listen carefully to every question, and do not venture to answer until you understand it fully.

6. The safest rule is not to volunteer information, because undue eagerness will tend to show bias on your part.

7. Be natural. Do not assume an air of superior knowledge. Opposing counsel probably knows as much about the case as you do, and has you at a disadvantage when you seek to argue views. Be a witness, and not an advocate.

8. When your testimony has been completed, ask leave to be excused, and withdraw promptly. However curious you may be to hear the remainder of the trial, do not sit around the courtroom unless you are actually a party to the case. If you do, opposing counsel may legitimately make the argument that you are *not* a disinterested, unbiased witness, but are anxious to see how effective your testimony will be, and whether "your side" will prevail.

I appeal to you finally, to perform your duty as a witness readily and graciously.

When you are required to leave a busy office and go to court as witness, bear in mind that the trial of cases is a serious and important phase of government. We are depending upon you as professional men to give us real and understanding coöperation. When you are called as a witness, you are being made a medium of valuable assistance to court and jury in establishing right and justice—in adjudicating differences which the parties themselves have been unable to adjust amicably between themselves. Give that assistance, render that service, surrender that time, not grudgingly, not reluctantly, but unhesitatingly and willingly.

In so doing, you will be performing a splendid duty to yourself, to your patients, and to the courts.

At the same time, you will be helping to continue the high ethical standards already attained by your profession.

September 23, 1935.

Dr. Frank O. Alford, Secretary-Treasurer,
North Carolina State Dental Society,
Charlotte, North Carolina.

Dear Doctor Alford:

We are now on the last round-up for the annual meeting at New Orleans the week of November 3rd, and this is probably the last official communication you will receive from me.

This has been an unusual year in many respects. The economic uncertainty and the extensive social reform program promulgated have caused much anxiety and presented problems difficult of solution.

I am pleased to report, however, that your national organization has continued to function efficiently and has carried on its many activities in a business-like and effective manner. It may interest you to know that the membership is the largest in the history of the Association.

Dentistry in America has progressed educationally, scientifically, and economically, and has continued to maintain the highest standards of practice of any country in the world. I speak advisedly in this matter and feel we should all be most grateful.

The primary reason for the present status of American dentistry is because of our splendid local, state, and national organizations. Therefore, it behooves each and every one to continue to give his best and most conscientious efforts in conserving and advancing these organizations.

May I express my sincere appreciation for the support and co-operation you have given this year, and bespeak the same for the administration next year.

With kind regards, I am,

Yours sincerely,

F. M. CASTO,

President of the American Dental Association.

NEW ORLEANS IS WAITING TO WELCOME YOU!

New Orleans is ready to entertain the 77th annual session of the American Dental Association, November 4-8, with as pretentious and complete a program of scientific, as well as entertainment, features ever offered the visitors to an American Dental Association meeting.

In addition to clinics and papers by outstanding members of the profession in the United States, invitations have been issued to all Latin-American countries, and other eminent authorities from Mexico, Central America, Brazil, and other southern countries will present the latest developments in their sections.

In New Orleans' expansive Municipal Auditorium, all clinics, scientific sections, and commercial exhibits will be held. The general clinic chairman, assisted by Doctor N. F. Gueno as local chairman, has arranged for an unusually fine program of clinics. Practically every state in the Union will be represented by one or more clinicians, as well as many of our leading universities. Clinics will begin on Thursday afternoon and run through until Friday night. On Friday afternoon, the Twelfth District will conduct its clinic, showing the latest and most outstanding demonstrations that have been conducted in this section.

The officers of the scientific sections have procured a program this year that will surpass all previous efforts. Outstanding men of the medical and dental professions will be on the program for the New Orleans' meeting.

A treat is in store for the visitors this year in the section given over to commercial exhibits. The very latest in the scientific control of disease, and the newest equipment will be shown. The exhibit will surpass in quality any previous exhibit shown at the American Dental Association meetings. Your meeting will not be complete without a careful study of this marvelous exhibit.

Health and scientific exhibits from the state health departments, and health workers from all parts of the United States will be represented at this meeting. The American Red Cross, the Louisiana State Department of Health, Community Chest, as well as the Carville Leprosarium will be among those represented in this exhibit.

New Orleans' radio stations have made available time for fifteen talks over the air; speakers have been assigned to ten civic clubs; and dental health talks will be made at twenty-two public and parochial schools by men and women of outstanding national reputation.

Doctor S. D. Gore, chairman of the entertainment committee, promises that the entertainment features will begin on Monday with a golf tournament, divided in three classes and playing on three courses—the New Orleans Country Club, Metairie, and Colonial. A trap and skeet shooting tournament will be held at Harahan.

On Monday evening, the four dental fraternities will hold their annual banquets, after which the American Dental Association will stage an old plantation dance in typical sugar cane settings at the Municipal Auditorium.

Conducted tours of the Vieux Carre, New Orleans' quaint old French quarter, will be offered on Tuesday afternoon and Wednesday morning. During Wednesday afternoon, the ladies will be entertained on a boat trip through New Orleans' harbor. Thursday afternoon, the ladies will be given a sight-seeing trip through the city by the Ladies Auxilliary, with refreshments at the airport. And the climax of the entertainment program will be reached on Thursday evening, when a formal dinner dance will be held in the Roosevelt Hotel in honor of our retiring president, Doctor Frank M. Casto of Cleveland.

So come to the meeting. Join the fun. You will never have an opportunity to spend a more worth-while week than visiting our commercial exhibits, our scientific sections, our clinics, and last but not least, participating in our entertainment program.

LITERATURE

JOURNAL OF DENTAL RESEARCH

Too few of us, after leaving college, do the necessary reading—it is limited, usually, to one or two monthly periodicals, and rarely ever a new textbook.

The Journal of Dental Research is published bi-monthly; the subject matter deals with recent research problems affecting Dentistry by outstanding authorities. The physical make-up of this Journal reflects dignity, and the contents, learning. This Journal has probably done more to elevate dentistry, in the opinion of other professions and scientific bodies, than any other single factor.

The subscription price is \$5.00 a year. A consistent reading of it will greatly enhance your value and give you much pleasure. This Journal is heartily endorsed by and recommended to you by your editor. Send your subscription to The Journal of Dental Research, 667 Madison Avenue, New York City.

TABLE TALKS ON DENTISTRY

In the Spring, an item appeared in most of the dental publications throughout the country, advising the profession of the efforts which are being made by a group of representative dentists to

recognize Dr. R. Ottolengui's outstanding service to dentistry by the establishment of a Testimonial Fund to be presented to him on his seventy-fifth birthday, March 15th, 1936. It was stated at that time that a special edition of "Table Talks on Dentistry," attractively bound, with a facsimile of Dr. Ottolengui's autograph on the first page, would be forwarded with the committee's compliments and thanks to each contributor of five dollars or more.

This edition is now off the press, and many copies are already in the hands of those who have so generously assisted in this fine tribute. The book has had a most complimentary and enthusiastic reception from these subscribers. Practically every phase of dentistry is covered in a most interesting and entertaining manner, and the suggestions, ideas, and opinions of over one hundred members of the dental profession are added to the author's in developing a textbook, or ready reference book, on almost every problem which may arise in a dental practice.

This book will prove to be invaluable to dental practitioners, young or old, wherever located. It is unique in its presentation and treatment of the subject, and as interestingly written as fiction. The committee feels that it would be rendering a real service to the profession if it were possible to place one of these books in the office of every practicing dentist. At the same time, your contribution permits the listing of your name with those who desire to do honor to one who has done so much to advance the science of dentistry. This edition is limited, and copies will be mailed as subscriptions are received. Don't miss this opportunity to secure your copy and do honor to Dr. R. Ottolengui. Mail subscriptions to the chairman.

DR. J. R. SCHWARTZ,
1 Hanson Place, Brooklyn, New York.

ACCEPTED DENTAL REMEDIES, 1935

Accepted Dental Remedies, 1935, is a list of official drugs useful in dentistry, and nonofficial preparations which have been declared acceptable to the Council on Dental Therapeutics. In addition, the book contains a therapeutic index, a list of weights and measures, a pharmaceutic index, a list of poisons and antidotes of interest to dentists, and a bibliographical index to the reports of the Council on unacceptable products, as well as the rules which govern the Council in the consideration of products. The first edition of Accepted Dental Remedies has been thoroughly revised, particularly those chapters relating to local anesthetics, calcium com-

pounds, dentifrices, and cod liver oil and related compounds. Chapters on mouth washes, denture cleaners, and denture adherent powders have been added to the book. A section with formulas has been added. This formulary contains, among other information, formulas for overcoming mouth odors, cavity rinsing and sterilization, pulp capping, cavity varnishes, mouth washes, topical anesthetics, drugs for pre- and postoperative medication, and socket pastes.

The information in *Accepted Dental Remedies* is in line with the Council's intention that the book shall not be a textbook. It is meant to be a dynamic manual which is revised annually so that the thoughtful practitioner will have before him, up-to-date information on drugs and preparations useful in the intelligent practice of dentistry. These are but a few of the examples of the use to which the information in the book may be put, for the benefit of the practitioner and his patients.

The *Journal of the American College of Dentists*, in its review of *Accepted Dental Remedies*, 1934, stated: "Money can be saved, and disappointments or distresses avoided, when new advertising material is read or received, by ascertaining whether 'the product' is listed in *Accepted Dental Remedies*, or if not, whether it has lately been approved by the Council; and if neither—by buying none of it. *Accepted Dental Remedies* is the first comprehensive, authoritative, and disinterested compilation of its kind. 'If you find it in *Accepted Dental Remedies*, you may depend upon what is said for it'—and 'if you don't find it in *Accepted Dental Remedies*, don't use it'—will become, we believe, two generally accepted dental reliances."

Copies of the book may be obtained by sending one dollar (\$1.00) and your name and address to the Council on Dental Therapeutics, 212 East Superior Street, Chicago.

Your coöperation in bringing this to the attention of your readers will be greatly appreciated.

Very truly yours,

SAMUEL M. GORDON, *Secretary*
Council On Dental Therapeutics.

PAY DUES PROMPTLY

Last year your attention was called to the A. D. A. membership contest, which closed March 1, 1935. In this contest North Carolina made a good showing, but perhaps we could have come out on

top had we had the full coöperation of every member of the North Carolina Dental Society. It is my hope that this year we may have all membership dues paid during the month of January. According to the By-Laws of the Society, "All dues shall be due and payable on or before January 1, for the current year. Any member whose dues are not paid on or before January 20, for the current year, shall not be entitled to receive the Journal of the American Dental Association until such dues are paid, subject to the rules of the Journal."

From this it can be seen that dues are payable in advance. In the past it has been a custom with some of the members to pay their dues at the time of the State Meeting, and some even wait until the fall, when they attend the District Meeting, to pay their dues. When this is done, that member has deprived himself of the valuable information enclosed in the Journal and the Society is, to a certain degree, crippled because of the lack of coöperation from each individual member.

Recently I was talking to a past president of the American Dental Association, who remarked that North Carolina has the best organized dentistry in the South, and as well organized as any state in the United States, which made me feel quite proud to belong to such an organization. This reputation has been brought about by the effort and coöperation of the membership. It is up to us to maintain and improve the reputation we now have by increasing our membership and lending full coöperation to the Society by paying 1936 dues promptly. May I urge you to send your remittance to your District Secretary immediately upon receipt of your statement, and not wait until the meeting at Pinehurst, May 11.

FRANK O. ALFORD,
Secretary-Treasurer.

ARE YOU PROTECTED?

THE GROUP DENTISTS' LIABILITY PROTECTIVE
POLICY OF THE NORTH CAROLINA DENTAL
SOCIETY, WRITTEN BY THE ÆTNA CASUALTY
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FIRST DISTRICT

The annual meeting of the First District Society, held in Hendersonville, October 7, was entertaining and helpful to both the dentists and their wives.

Clinics were practical and helpful. We especially express thanks for the work of the men outside the district who presented clinics.

Dr. Sinclair and Dr. Moser won the golf foursome handicap. Dr. Lanier won the single round. Dr. Reece opened the meeting after the invocation by Dr. Claude Moser. He, Dr. Reece, gave an excellent address on the Values of Dentistry to the Dentist.

The first clinic by Col. W. D. Lanier on "Mandible Fractures Where Intermaxillary Wiring is Not Indicated" was attended by much interest.

Dr. Billy Bell's paper on "Calcium Metabolism" was concise and beneficial. The subject is very much in the public mind due to much ballyhoo by drug manufacturers. The evil of over-medication was stressed.

Information on cases of violation of the dental law was read by Dr. Bennett. Cases of flagrant violations of these laws were noted especially in the mountain regions.

The visitors were introduced by Dr. C. S. McCall. A good number of out-of-district men as well as a few from out of the State were present.

Dr. H. A. Edwards' clinic on Value of Ethyl Chloride in Children's Dentistry stressed psychology and simplicity in operation.

Dr. A. M. Hitt, from Salem, Va., gave an interesting lecture on Prosthetics, entitled "Practical Procedures in Full-Denture Construction."

Dr. Tom Conner, one of the South's leading exodontists from Atlanta, gave a lecture illustrated with lantern slides.

A paper on "Preventing Dental Diseases" was given by Dr. S. P. Gay, of Waynesville. It was practical and applicable to the average practitioner.

Dr. A. C. Current's paper on "Porcelain Ceramics" laid particular stress on proper consideration for the indications of porcelain.

Dr. J. A. Sinclair, whose work on blood and bone disturbances relating to dentistry deserves high praise, gave a paper on the mechanism involved in the healing of bone.

In the election of officers the following took place:

Dr. S. P. Gay, President-Elect, Waynesville.

Dr. S. E. Moser, Vice-President, Gastonia.

Dr. C. S. McCall, Secretary-Treasurer, Forest City.

Dr. David Abernathy, Editor, Hickory.

Dr. N. P. Maddux,

Dr. J. F. Reece,

Dr. E. W. McConnell,

Delegates.

The banquet was held at the Skyland Hotel. Greetings were extended by Dr. Z. L. Edwards from the North Carolina Dental Society, by Dr. D. L. Pridgen, Director of Districts, and the North Carolina Board of Dental Examiners by Dr. Henry C. Carr. The address was given by Dr. Paul H. Ringer, from Asheville, President of the North Carolina Medical Society.

SECOND DISTRICT**PROGRAM SECOND DISTRICT DENTAL SOCIETY**

HOTEL CHARLOTTE, CHARLOTTE, N. C.

OCTOBER 14TH-15TH, 1935

MONDAY, OCTOBER 14TH, 1935

- 10:00 A. M. Invocation—Dr. C. W. Durden, St. John's Baptist Church, Charlotte, N. C.
 Address of Welcome—Clarence Kuester, Sec'y Chamber of Commerce, Charlotte, N. C.
 Response to the Address of Welcome—Dr. G. A. Lazenby, Statesville, N. C.
 Greetings from N. C. State Society—Dr. Z. L. Edwards, Washington, N. C.
 Greetings from Director of Districts—Dr. D. L. Pridgen, Fayetteville, N. C.
 Greetings from the Board of Dental Examiners—Dr. Ralph Jarrett, Charlotte, N. C.
 Introduction of Visitors.
 President's Address—Dr. Frank O. Alford, Charlotte, N. C.
- 11:00 A. M. Dr. Olin Kirkland, Montgomery, Alabama—"Peridontoclasia and Its Treatment By Surgical Interference."
 The essayist will present a group of moving pictures which have been shown around the world, which will portray in several reels photography of the Ward Technique of Gingivectomy. These pictures will be shown in life size.
- 1:00 P. M. Lunch.
- 2:30 P. M. Dr. W. M. Robey, Charlotte, N. C.—"Making the Most of the X-ray as a Diagnostic Aid." Practical processing the films with Lantern Slide Illustrations.
 Dr. J. A. McClung, Winston-Salem, N. C.—"Restoring Badly Abraded Natural Teeth to Their Original Function and Occlusal Relations."
 Dr. Grady Ross, Charlotte, N. C.—"Removal of Natural Teeth and Immediate Insertion of Artificial Teeth."
 Dr. T. P. Williamson, Charlotte, N. C.—"Children's Dentistry."
- 4:00 P. M. Dr. Olin Kirkland, Montgomery, Alabama—In continuation, Dr. Kirkland will present slides and talk about various phases of the disease, and answer questions.
- 7:00 P. M. Banquet.
- 8:30 P. M. Dr. Charles deForest Lucas, Charlotte, N. C.—"Radiation Treatment In Intra-Oral Tumors."
- 9:15 P. M. Business Session.
 Election of Officers.

TUESDAY, OCTOBER 15, 1935

- 9:00 A. M. Dr. Gene Howell, Raleigh, N. C.—“Ethics and the Workings of the State Board of Dental Examiners.”
- 9:50 A. M. Dr. S. E. Moser, Gastonia, N. C.—“Porcelain.”
- 10:30 A. M. Dr. Sterling V. Mead, Washington, D. C.—“Preoperative Problems.”
- 12:30 P. M. Lunch.
- 2:00 P. M. Dr. Sterling V. Mead, Washington, D. C.—“Postoperative Care.”
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Our annual meeting for the second district will be held in Charlotte on Monday and Tuesday, October 14th and 15th, 1935. Charlotte opens wide its doors to welcome the dentists and their wives of this district, and any others who can attend this meeting.

The program, we believe, is a good one, so when you read it in this issue of the *Bulletin*, you can pass your judgment on it. We want you to be with us for this meeting, for we believe it will do you good to get out of that office for a few days, and forget some of the worries that so often beset us on every hand.

The Charlotte Hotel will be headquarters, and the entertainment committee has secured a most reasonable rate for you while here. Too, the banquet on Monday night will be held at this hotel, at which time you will get a good “Feed,” and at the same time enjoy some very fine entertainment. To the wives of our dentists, we wish to extend a double welcome, for we really do want them with us for this meeting. The ladies can be assured of a program for them that will cause them to be glad they made this trip to the “Queen City.”

The Charlotte Dental Society has quite an interesting program worked out for the winter, with some splendid essayists and clinicians coming to us. On October 2d, Dr. Stanley Baker will present for us a clinic on “Casting Technique of the Entire Bridge As a Unit.” Dr. Baker is from Greenwood, S. C., and we are indeed glad to have him come.

Dr. Ralph Jarrett was in Richmond, Va., last week for a clinic before the Richmond Dental Society on “Taking Full Upper and Lower Impressions with Modelling Compound.”

Among our local men, now the man who wears the broadest smile is Dr. John R. Pharr, and he has a right to smile, too, for on September 2, there arrived at his home a “Fine Bouncing Baby Girl.” “John,” as we pleasantly know him, says that “Louise” is the only baby yet born in this man’s town. Our congratulations to both Dr. and Mrs. Pharr.

Right now, “Boys,” get your ducks in a row to be with us for this meeting, for we are counting on you, and we shall be terribly disappointed if you are not here, and make your arrangements to stay throughout the entire meeting, for it will be good to the last drop.

T. P. WILLIAMSON, *Editor*
Second District.

On Monday, October 14th, promptly at 10:00 a.m., at Charlotte Hotel, Charlotte, N. C., I will call to order the fifteenth annual meeting of the Second District Dental Society, and earnestly request that you be there at that hour, as we have a full two-day program which you cannot afford to miss.

The program committee of the Second District has prepared, we believe, one of the best programs in the history of the society. It is practical in every way for the general practitioner of dentistry, whether in the smaller town or the larger city; so take advantage of this wonderful opportunity to broaden your knowledge and improve your technique in the practice of the profession that you represent, for such a small expense. Be prepared to give to those who have selected you as their dentist, as good, if not better, than your neighbor dentist. From the program which is above, you will see that the Second District has brought to you some of the outstanding men in America. It should be considered a rare privilege to hear such men on the same program. Bring your wife and assistant. Entertainment will be provided for all who come.

The clinics this year promise to be exceptionally fine. Everyone should visit and spend the full time with them, for, no doubt, there will be many "time-saving" points, likewise easier ways of doing things which now seem difficult, both at the chair and in the laboratory.

The success of this program depends on each individual member, so attend the meeting and insist on other members in your town and vicinity doing likewise. I will appreciate all efforts of the members to increase the membership before the meeting. If you know of a non-member who is eligible for membership, bring him along.

All members of the North Carolina Dental Society and members of adjoining state societies are cordially invited to attend this meeting.

Charlotte is awaiting and welcoming you.

FRANK O. ALFORD, *President*
Second District Dental Society.

THIRD DISTRICT

To the Members of the Third District Dental Society:

It is a pleasure and an honor for your officers to announce the name and subject of the clinician for the District Meeting in Durham, at the Washington Duke Hotel, to be held November 18-19, 1935.

The Chairman of the Program Committee, Dr. C. C. Poindexter, has been able to secure Dr. Robert H. Ivy, of Philadelphia, presenting the subject: "Bone and Plastic Surgery of the Face."

Dr. Ivy is an outstanding man of the world today, and will be a headliner in the Vienna Clinic this summer.

Each year the interest in our meetings increases. The benefits derived from the scientific and clinical programs and from the memberships and social activities, all make these meetings worth while.

Our Program Committee chairman has arranged a scientific program, which is interesting and instructive.

The essayist is well qualified to discuss the subject which he has selected.

The discussion of his paper will be opened by a topic leader. He will present questions, which the essayist will be permitted to answer. The membership may then ask questions, if they so desire. It is hoped that by this procedure, the greatest benefits may be derived from the subjects under consideration.

The clinic committee, under the leadership of Dr. A. W. Craver, has promised to have some very able men present their various table clinics.

Dr. L. M. Edwards is chairman of the local arrangement committee, and we well know that Durham dentists hit the nail on the head to the last lick at anything they attempt.

By your attendance, you will add to the best interest of our society.

The meeting of the Third District Dental Society will be held November the 18th and 19th at the Washington Duke Hotel in Durham, North Carolina.

On the first day, beginning at one-thirty, those interested in golf will meet at the Hillendale Course for a tournament; and for those not interested in golf, a sightseeing tour of the city will be conducted. In the evening, those in attendance will meet at the hotel for a banquet.

The second day's program will consist of the usual addresses, scientific lectures, and clinics.

All members of the North Carolina State Society are cordially invited to attend and help make this meeting a success.

DANIEL T. CARR,
Editor, Third District.

FOURTH DISTRICT

PROGRAM OF THE FIFTEENTH ANNUAL MEETING, FOURTH DISTRICT DENTAL SOCIETY OF NORTH CAROLINA

SIR WALTER HOTEL, RALEIGH, N. C.

OCTOBER 15 AND 16, 1935

TUESDAY, OCTOBER 15TH

EVENING SESSION, 6:30 P. M.—GOLD ROOM

Banquet and Entertainment—Dr. G. L. Hooper, President, Presiding.
Music—James Fowler and WPTF entertainers.

"A Discussion of the New Dental Law"—Mr. I. M. Bailey, Raleigh, N. C.
Music.

A Puppet Play—Dr. Ernest A. Branch, North Carolina State Board of
Health.

Favors for Ladies.

WEDNESDAY, OCTOBER 16TH

MANTEO ROOM

8:30 Registration.

9:00 Meeting Called to Order—Dr. G. L. Hooper, President.

Invocation—Rev. A. S. Parker.

Business Session:

Roll Call.

Reading and Adoption of Minutes.

Reports of Officers.

Reports of Committees.

Unfinished Business.

New Business.

Greetings from the North Carolina Dental Society—Dr. Z. L. Edwards, President, Washington, N. C.

Greetings from the Director of Districts—Dr. D. L. Pridgen, Fayetteville, N. C.

Greetings from North Carolina State Board of Dental Examiners—Dr. H. C. Carr, President, Durham, N. C.

Introduction of Visitors.

Application for Membership.

Election of Officers.

10:00 Local Clinics:

"Casts Showing Anatomical Outline Which Governs the Borders of Full Dentures"—Dr. Howard L. Allen, Henderson, N. C.

"Surgical Preparation of the Mouth for Dentures"—Dr. K. L. Johnson, Raleigh, N. C. Lantern slides will be used to illustrate the operative technique, as well as to show two unusual cases before and after operation.

"Care of the Supporting Structures of the Teeth"—Dr. W. W. Rankin, Raleigh, N. C. A short discussion of prophylaxis and overhanging fillings. Prevention of pyorrhea, and a few lantern slides.

11:00 "The Sunshine Vitamin"—Dr. Frank W. Sherwood, Associate in animal nutrition, North Carolina Agriculture Experiment Station. A review of our knowledge of vitamin D. The optimum utilization of calcium and phosphorus in the body, especially for formation of sound bone, depends upon the presence of adequate amounts of vitamin D. The antirachitic vitamin is produced by exposure to ultraviolet light. It is present in certain fish oils and to a limited extent in a few foods.

"Correcting, on Positional Relator, Occlusal Disharmony In Full Denture Construction"—Dr. L. G. Coble, Greensboro, N. C. Face Bow counter-indicated and that the articulator cannot be opened and closed after the models are mounted. A correct protrusive bite for the set-up. The main feature is spot grinding after the dentures are finished, illustrated by moving pictures.

"Explanation of Recent Changes in Code of Ethics"—Dr. J. Martin Fleming, Raleigh, N. C.

Adjournment.

The Fourth District Dental Society of North Carolina will hold its Fifteenth Annual Meeting at Sir Walter Hotel, Raleigh, N. C., October 15th and 16th, 1935. It is our desire that every member of the North Carolina Dental Society will meet with us at this time. Although this will probably not be the best meeting we have ever had, we are hoping that it will at least be as good as any of the previous meetings.

When the Program Committee met to outline the program, there were two things that they felt should be carried out at this meeting. The first one, being first because of its importance, was that the members should not neglect their wives this year as they have in the past. The committee has made arrangements for and is expecting each member to bring his wife to this meeting. If you are unfortunate in that you do not have a wife, bring someone else's, since our slogan for this meeting is: "Each member is bringing his wife." The program for the evening of the 15th has been arranged for the ladies as well as the men.

The second was to get more members of the North Carolina Dental Society to appear on our programs. Since this society has within its bounds as good Clinicians as there is without, we feel that this meeting will be GOOD.

To the members of the North Carolina Dental Society—We extend to you a most cordial invitation to attend this meeting, and we hope that your presence will be a benefit both to you and to us.

To the members of the Fourth District—This is your meeting, arranged by the men you asked to perform for you. It is incumbent upon your part to attend this meeting for the purpose of contributing to the organization that which no one else can. If there are any ethical non-members practicing in your vicinity, appoint yourself a committee to bring him to this meeting so that he may also share its benefits. It is our duty to bring all worthy dentists of North Carolina into our society. This is one part of the program that every member has a part.

The Program Committee was successful in getting Mr. I. M. Bailey of Raleigh to appear on the program on the evening of the 15th. I feel like Mr. Bailey's talk alone will be well worth your time, as he has spent considerable time in the past twelve months in the interest of Dentistry in North Carolina. There are others who also will have something good for us, as the program will show.

Let us all arrange to attend this meeting for the mutual benefit of all concerned.

G. L. HOOPER,
President, Fourth District.

DOCTOR, ARE YOU GOING?

"Doctor, are you going to the dental meeting this fall?"

To this question I answered, "Yes, I always go."

I have never missed one of my district meetings since the districts were organized, nor but one of the State meetings since 1904, when I joined the society; and I can truthfully say I have never yet been to a dental meeting that I did not, on coming away, feel fully repaid for both time and expense in attending.

Of course, some meetings are better than others. When there is a good program I get something to take back with me that helps me to serve my patients and community better. If the program is not interesting (which is rarely the case), I enjoy immensely seeing and talking with the boys again, the social contacts, fellowships, and exchange of ideas and experiences with my fellow practitioners; and I always come back home encouraged to do better work for my clientele, and inspired with the service our profession renders for the benefit of our neighbors and friends.

Last, but not least, I come away from these dental meetings with a warmer heart, and a little more kindly feeling for the boys because I have had an opportunity to know them better. For this reason alone I would consider our meetings worth while, even if we had no papers or clinics at all—just the chance of talking with each other, and knowing each other better—for we seldom have a serious conversation with a fellow dentist that we do not add to our store of ideas, have our sympathies broadened, or feel a deeper sense of gratitude for the accomplishments of our profession.

The officers are planning an interesting meeting. On the program will appear several invited guests who will give us some helpful ideas to take back home—these ideas, with the inspiration and joy of good fellowship, will make us better dentists, citizens, neighbors, and friends.

R. M. SQUIRES, *Editor*.

FIFTH DISTRICT

PROGRAM FIFTH DISTRICT N. C. DENTAL SOCIETY

LOUISE HOTEL, WASHINGTON, N. C.

OCTOBER 20-21, 1935

Sunday, October 20—6:30 P. M.—Oyster Roast by Beaufort County Dental Society.

MONDAY MORNING, OCTOBER 21—9:30

Invocation—Rev. W. D. McInnis, Washington, N. C.

Address of Welcome—Mayor S. R. Fowle, Jr., Washington, N. C.

Response—Dr. L. H. Butler, Hertford, N. C.

President's Address.

Introduction of Visitors.

Greetings from Director of Districts—Dr. D. L. Pridgen, Fayetteville, N. C.

Greetings from the President of the N. C. State Dental Society—Dr. Z. L. Edwards, Washington, N. C.

Greetings from the N. C. State Board Dental Examiners—Dr. H. C. Carr, Durham, N. C.

Roll Call.

Address—"Oral Diagnosis"—Dr. Harry Goldstein, Instructor in Oral Diagnosis in the School of Dentistry, University of Maryland.

Paper—"Amalgam Restoration"—Dr. J. Elliot Swindell, Raleigh, N. C.

DINNER—1:00 P. M.

MONDAY AFTERNOON—2:00 P. M.

Puppet Show—Dr. E. A. Branch.

Table Clinics by:

Dr. J. L. Spencer, Williamston, N. C.

Dr. F. L. Hunt, Rocky Mount, N. C.

Dr. Darden Eura, Morehead, N. C.

Dr. H. K. Thompson, Wilmington, N. C.

Dr. O. L. Wilson, Kinston, N. C.

Treasurer's Report.

Election of Officers.

Place of Next Meeting.

Adjournment.

The boys of the Fifth District have been taking time off from a busy Fall to attend the group meetings. Group number one met in Ahoskie, where Dr. Powell arranged a most ideal dinner gathering, with Dr. Gene Howle furnishing the scientific pabulum. Both were real treats.

On the twenty-sixth, group number two met in Wilson. Drs. Hale, Fleming and Lineberger of Raleigh illuminated us on socio-economics and relief problems for the profession and public.

Group number three meeting is yet to be held.

These group meetings are just the hors-d'oeuvres for the district meeting to be held in Washington on October 21st. After the splendid meeting in Greenville last year, we know that the same men will be back, along with the ones that happened to miss last years' meeting. The program will feature Dr. Harry Goldstein who I know will be good. If you read this and then miss the Washington meeting, you will be sorry.

A. M. SCHULTZ, *Editor*.

The years pass. About this time we are thinking of our District Meetings and that we will see and rub shoulders with our close friends for a day or two, and greet those friends of ours from the other districts who are sure to come.

It's a wonderful thing to take a little time off and forget the cares of everyday life. We go back home with a different outlook; we see a new goal from a different viewpoint, and where before the pattern was drab, we can pick out the bright colors; we know that life is worth while.

The Fifth District Dental Society will hold its meeting in Washington on October 20-21. The Beaufort County Dental Society has arranged an entertainment for the members and visitors on October 20th at 6:30 p.m., and they are expecting a fine attendance for this social part of the program. The Program Committee has a full program for the 21st, which is printed here.

We are looking forward to a splendid meeting in Washington. The officers and members of the Fifth District Dental Society extend a cordial invitation to all of the members of all of the districts to meet us in Washington on October 20th and 21st for a good time.

PAUL FITZGERALD, *President*
Fifth District Dental Society.

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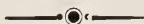
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THE
BULLETIN
OF
The North Carolina
Dental Society



MEMBERSHIP ISSUE

*To that which gives you so much
Can't you in return give something?*

JANUARY, 1936

Vol. 19

RALEIGH, N. C.

No. 3

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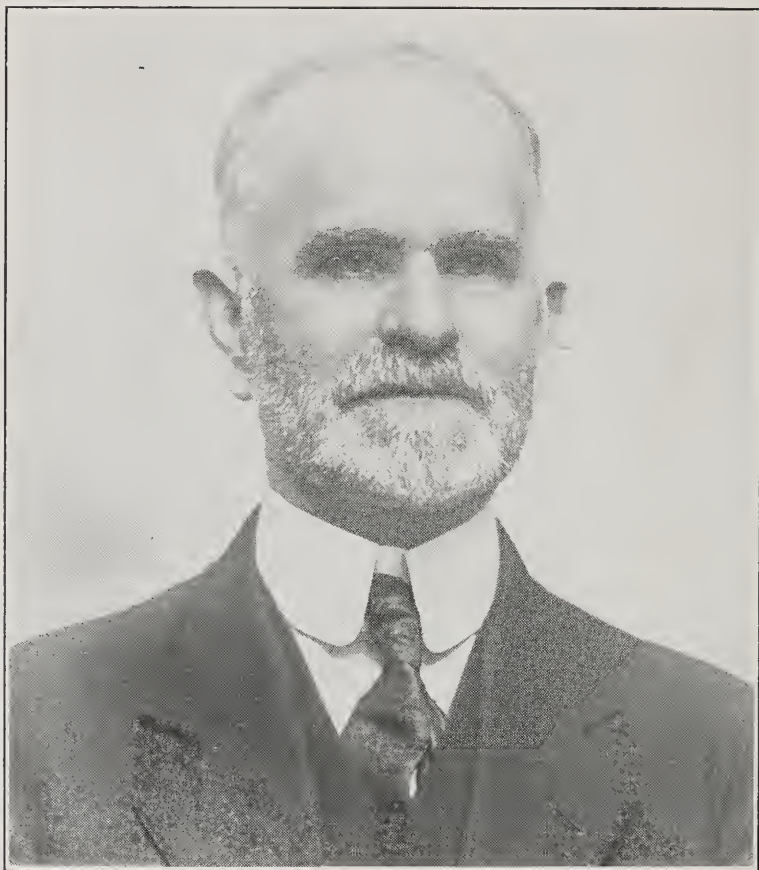


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P A T R O N I Z E O U R A D V E R T I S E R S



TO

DR. I. H. DAVIS

*whose lofty ideals, steadfastness, devotion and faith in the profession
which he loves has been an inspiration to the members
of the North Carolina Dental Society*

THE BULLETIN

....of....

THE NORTH CAROLINA DENTAL SOCIETY

VOL. 19

JANUARY, 1936

No. 3

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DENTAL RELIEF FUND

Some changes recently made in the matter of distribution of the American Dental Relief Fund bring home to us more than ever the fact that North Carolina is lagging in its contributions to a most praiseworthy undertaking.

Heretofore the funds have been used to supply only the most needy, but if we contributed as we should contribute the funds would soon grow into a sum which would allow pensions to any and all who had reached a retiring age. That should be, if it is not already, the ambition of those who look to the future. The fiscal year of the American Association runs from July 1st to June 30th. During the year ending June 30, 1935, North Carolina paid into that fund \$111.00, which makes just about every fourth member a contributor—or gives us an average contribution of about 25c per member. Yes, some few states did less than that—one state averaged only 10c per member, while Delaware, the highest, paid \$2.26 per member. Shall we be content to be one of the lowest contributors to a cause so worthy?

To stimulate giving this fiscal year ending June 30, 1936, it has been decided to give back to the contributing state one-half of the money contributed by that state, provided the state has a properly constituted Relief Fund Committee of its own.

ANNUAL MEETING, PINEHURST, MAY 11-12-13, 1936

North Carolina can qualify under those terms because we have had such a set-up since the Charlotte meeting in 1928, when we began by putting aside a fund of \$200.00 each year to be held only for relief purposes.

Of course we had to make a beginning, small as it was, but the fund has grown till it amounts to \$1,796.55 as of January 1, 1936. If the plan of returning one-half to the state that gave it works successfully this fiscal year, then it will probably be made a permanent plan.

It should certainly stimulate us to a more generous contribution, in that half of it would be returned to us, and yet it has been the plan of the American Society to match any state's contribution to an applicant for relief, if the case was properly investigated and recommended.

It has been to the credit of North Carolina that we have not had a single case on relief, but as the fund grows with the years and as our members grow older, we probably shall be called on to contribute to some of our own members, and then we will be glad of the help which will come from the American. And, while we may be late in sending in money for 1935 Christmas seals, let us remember that it will be counted till June 30th, and then one-half come back to us.

It is certainly a worthy cause and should have our wholehearted support.

MEMBERSHIP

By the force of organization built upon altruistic endeavor you are privileged to enjoy the dignity of the profession and the benefits which the untiring labors of eminent and unselfish souls have made possible for you. To that which gives you so much you owe something in return.

Below I give you pertinent sayings from brilliant minds—grasp the significance.

* * *

“A man should not only know his profession as it is, but have some ideals regarding what it should become.”

* * *

“Every man owes a part of his time and money to the advancement of the business or profession in which he is engaged.”

—THEODORE ROOSEVELT.

* * *

“No dentist can, under present conditions or the conditions that will probably prevail in the future, do himself or his community justice without becoming an active member of a dental society and taking an active part in its work.”

—G. V. BLACK.

"It is a well known fact that no advertiser of professional service has ever contributed a single item to the science and art of his calling. No advertiser has ever found a new fact or discovered the cause or cure of a single disease. The advertiser has been an incubus on the profession and a menace to the welfare of the people."

—C. N. JOHNSON.

* * *

"It is not the function of the professional school to give its students the highest order of efficiency, but rather to give them such a basis for future study that this, combined with their experience in practice, will round out the fully developed efficiency of the highest order."

—G. V. BLACK.

* * *

"In those states where professional advertising has been prohibited by law, the citizens are better served in a professional way, and the health of the people has been more surely safeguarded."

—DR. C. N. JOHNSON.

* * *

"Contentment is the reward of ambition; not to him who leaves the work of the world to others, but to him who gives his best to the world and who finishes the job."

—RUFUS C. DAWES.

* * *

"Education is not a method; education is not material; education develops an attitude of mind."

* * *

"Educated men of separate centuries would make good companions. A well-trained man and an educated man might be bored with each other."

* * *

"The education of the heart—the moral side of man—must keep pace with the education of the head."

—WILLIAM OSLER.

* * *

"The killing vice of the young doctor is intellectual laziness."

—WILLIAM OSLER.

* * *

"What is generally called the 'Ethics' of the profession is but the consensus of expert opinion as to the necessity of such standards."

—CHIEF JUSTICE CHARLES EVANS HUGHES.

That the safest way to estimate the value of a thing or an institution is to consider what would happen if it did not exist. Try this on Organized Dentistry.

—BULLETIN, CLEVELAND DENTAL SOCIETY.

In 1913 Dr. Hubert A. Royster, an eminent surgeon of Raleigh, read a paper before the Wake County Medical Society on "The Educational Value of a Medical Society." This paper was printed in the February, 1914, issue of the North Carolina State Board of Health Bulletin. It is so fitting for this issue of THE BULLETIN of the North Carolina Dental Society that it is reprinted herein. What Dr. Royster has to say about Medical Societies is equally appropriate for the Dental Societies.

Your editor takes this opportunity to thank Dr. Royster, not only for this courtesy, but also for his consistent interest in the problems of Dentistry and his appreciation of its services to humankind.

The President of the American Dental Association, Dr. George B. Winter, has honored us by contributing an original article for THE BULLETIN. It presents valid reasons why all ethical practitioners should want to be a part of their State and American Societies.

Dr. O. W. Brandhorst, the able editor of the Journal of the Missouri State Dental Association, has also been kind enough to send us an original article for THE BULLETIN, which you will find to be of interest and benefit. In the November, 1935, issue of the Journal of the Missouri State Dental Association made some pertinent remarks with reference to the proposed "Dental Institute of America," which I am taking the liberty of quoting below:

"We believe that it is the duty and prerogative of the profession itself to educate the public; we believe that only the profession understands the standards that must be maintained in a program of this kind; we believe that if such efforts were made as suggested in this plan, it would react to the detriment of dental health service and certainly to the detriment of the professional standards."

The September issue of the Dental Craftsman carried a great deal of data with reference to the proposed Dental Institute of America and it is suggested that every dentist in this State interested in his profession read carefully that article.

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DR. MARSHAL KILPATRICK.....	Robersonville

The Membership Campaign is now on. To the members of the district membership committees is delegated the responsibility of organizing

ANNUAL MEETING, PINEHURST, MAY 11-12-13, 1936

the districts, and seeing that the details of the campaign are carried out. The calibre of these men and their loyalty to organized dentistry foretells the success of the undertaking. To them, I should like to take this opportunity to express my personal satisfaction and appreciation of the manner in which they are proceeding, and at the same time to bespeak for them the active and prompt coöperation of each individual member of the society upon whom they must call for slight assistance. With each member doing his part, and all pulling together, we cannot fail.

D. L. PRIDGEN.

SUPPORT YOUR PROFESSION

By DR. Z. L. EDWARDS,
President, North Carolina Dental Society

Sixty-five years ago the North Carolina Dental Society was born. This event marked the beginning of organized effort for the advancement and progress of Dentistry in North Carolina. The humble circumstances attending its birth and the high ideals of service animating the hearts and souls of these few pioneers provided the incentive to lay a solid foundation upon which has been builded our present organization.

Today, as we review in retrospection the events of the past, and appraise the efforts and accomplishments of our predecessors, we should be inspired by this noble heritage and resolve now to meet and solve the present-day problems with the same zeal and efficiency as they did during the years gone by.

From the very modest beginning of our organization, membership has been stressed and its benefits explained and emphasized many times in our editorial columns. Special efforts have been made by membership committees to enroll in our ranks the ethical nonmembers. Despite these efforts the ratio of nonmembers to regular members is entirely too high. This being true, I am prompted to ask, Wherein lies the trouble? Is it possible that these ethical nonmembers are not sufficiently informed as to the aims and objects of organized dentistry, or are they indifferent and unappreciative of the high standards of dentistry attained as a result of organized effort? Can it be said that we have been derelict in our duty in not arranging sufficiently interesting and instructive programs as to attract them to our meetings?

Regardless of what the correct answers to these questions may be, the fact remains that our organization, in order to perform its mission in protecting our present high standards and "rugged individualism," and in order to be prepared for future eventualities, must rededicate its efforts to the task of "carrying the message to Garcia." We must throw off our cloak of reserve and self-complacency and assume more individual

responsibility in properly informing the ethical nonmember as to the advantages gained by united effort. "If the mountain will not come to Mohammed he will go to the mountain" is an expression of humility and self-sacrifice worthy of emulation in our efforts to spread the evangelism of better dentistry through coöperation and the coördination of the efforts of ethical dentists.

The ethical nonmember has but to turn back the pages of history to find that the men who have made the greatest contributions to the profession have been members of organized dentistry. This organization presents a united front and a well equipped reserve in defense of those ideals and practices which have been established after years of organized effort. Just now schemes foreign to these ideals and practices are finding fertile soil in certain parts of our nation and even among certain unethical members of our profession here in North Carolina. It will require collective action on our part to defeat these schemes and to preserve what we have gained. The ethical nonmember at present enjoys all of the benefits gained after years of sacrifice and effort but contributes nothing to their defense. With reference to the profession, he is in a position not unlike that of a guerrilla soldier who prefers to direct his own efforts rather than to merge them with his comrades in an organized campaign.

As President of the North Carolina Dental Society, I wish to extend a most cordial invitation to all ethical nonmembers to join hands with their professional brothers in an organization dedicated to the ideal of service. Your support will encourage and aid further effort to the organization to improve the standards of dentistry and to increase its usefulness in adding to human happiness and contentment.

DENTISTRY AND PUBLIC HEALTH

By DR. J. N. JOHNSON

Because public health dentistry, as practiced in North Carolina, is the child of the North Carolina Dental Society, the dental member of the State Board of Health appreciates the space tendered him by the Editor in this issue of *THE BULLETIN*. It gives one an opportunity to express his appreciation to the organized dentists of the State for their coöperation and loyal support of the Division of Oral Hygiene of the State Board of Health, its director, Dr. E. A. Branch, and his force of nineteen dentists and two young men directing the Puppet Show, now operating in the State. Were it not for organized dentistry, whose support and intelligent conception of the splendid service the Department of Oral Hygiene is rendering, between eighty and one hundred thousand

indigent children of the schools of the State would not receive any dental attention during the school year. And then, too, what is of equal or more importance, the mass of pupils in our schools would not be taught oral hygiene by competent dental instructors who have received special training for the work.

I wish to thank the dentists (there are a few of them) who are not members of the organization, but who have aided greatly in the prosecution of our program, and at the same time I wish to call their attention to how much greater service they could render within the organization. Membership would give them a full knowledge of its purpose and achievements. It would serve to further remind them that it was the members of the North Carolina Dental Society who fought year after year for forty-three years, for the right, through the proper channel—The North Carolina State Board of Health, to render a public health dental service to the children of the State. With this objective in view, organized dentistry, through their Legislative Committee, placed a dentist on the County Boards of Health for the very definite purpose of forging a stronger dental link in the public health chain. The electorate of the counties are composed of laymen, and in some counties there are splendid gentlemen, good dentists, who are not members of the organization, but who have been elected to their county boards of health, and, of course, immediately accept the position. It adds to their prestige in the community, but the fact that they have never been members of a dental society denies them of the knowledge of the machinery which created the office, and they are equally as ignorant of the purpose thereof. I regret to make the statement here that we are represented in some counties in the State by men of this type, and to say that where they have been elected the Division of Oral Hygiene has not been able to carry to the deserving needy children of their counties a knowledge of oral hygiene or corrective relief. This, I believe, is due more to the ignorance of the dentist, through lack of contact with his fellow dentist that marches abreast of his organization, than his intent to deprive the children in his county of a needed health service.

There is a county in the State that elected a dentist that had practiced for twenty years and had not attended a dental meeting in that period of time—he was more or less slotted—but he was a high-class Christian gentleman, and greatly loved children. He was a somewhat by himself dentist for years, but as soon as he was elected to the County Board of Health he awoke with a bang. He joined his District, State, and National Societies and has not missed a meeting since. He could let the organized profession march by his individualism unconcerned, but deep down in his Christian heart he was going to know all about it when he became saddled with the responsibility of their health and happiness.

EDITOR'S NOTE: Dr. Ernest A. Branch gave his Puppet Show before the Oral Hygiene Section of the A. D. A. in New Orleans and remained in New Orleans to appear before the children of the public schools in that city. In one day's mail over 200 letters came addressed to "Little Jack" from the school children of New Orleans. Below is copy of one which is typical and which beautifully illustrates the powerful educational appeal such a method of instruction has:

ST. MATTHIAS SCHOOL,
NEW ORLEANS, LA.,
November 9, 1935.

DEAR JACKIE:

I enjoyed your show very much. It taught me a good lesson. I will always remember the four things you taught me. I came home and told my mother about you and your show, and she said that reminded her that it was about time for me to go to the dentist and have my teeth examined.

I was scared at first but my dad went with me and had two teeth filled right away and he said it doesn't even hurt. The dentist said I have two teeth to be filled. So I will go Saturday, which is tomorrow, and have them filled, and then he is going to clean my teeth. I am going to remember what you taught me so when the circus comes here I won't be like you I will be able to go. I will close now and go clean my teeth before I go to bed.

Your Little Friend,

CORA LEE GIEFERS,
6 Grader.

UNION AND STRENGTH

By GEORGE B. WINTER,

President of the American Dental Association

It is the duty of every dentist in America to join the A. D. A. Friendship and sociability suggest it. The honor of our beloved profession requires it. Self-interest and the interest of those dear to us and dependent on us demand it. How shall we protect both ourselves and the public from the artful advertiser with his bombast and seeming bargain prices? How shall we, except by united effort, shut off quacks and the illegal practitioner? How shall we meet the threat of commercial laboratories? Finally, and most menacing of all to be faced, is the diversion of our incomes by state or corporations and by new insurance legislation.

No efforts of individuals or local groups can meet problems that are state-wide, nation-wide, or world-wide. There is a maxim that is old and threadbare, but can never be replaced. It is as virile as it was the day we first read and felt its cogency. It is, "In union there is strength." It is a variation of our own United States motto, "*E Pluribus unum*," "Out of many, one." We must have a powerful national organization, built upon and enforced by local and state organizations. Thus only

can the science and art of dentistry maintain its position, its standards, its traditions, and its ethical principles.

The officers and trustees of the American Dental Association feel their responsibilities keenly and are doing their utmost to conduct the association efficiently and economically, but they realize more day by day that they must have the dentists of America behind them individually as well as collectively. Hence, we urge every dentist in America to join our body and give us his personal support. Let our slogan be, "One for all and all for each."

THE PUBLIC AND THE DENTAL PROFESSION TODAY

By O. W. BRANDHORST, St. Louis, Mo.

Never before has the dental profession been so conscious of its responsibility to the public as today. The decision of the United States Supreme Court in the Oregon case brought it very definitely and forcibly to our attention, when in referring to advertising it said, in part:

"We do not doubt the authority of the State to estimate the baleful effects of such methods and to put a stop to them. The legislature was not dealing with traders in commodities, but with the vital interest of public health, and with a profession treating bodily ills and demanding different standards of conduct from those which are traditional in the competition of the market place. The community is concerned with the maintenance of professional standards which will insure not only competency in individual practitioners, but protection against those who would prey upon a public peculiarly susceptible to imposition through alluring promises of physical relief. And the community is concerned in providing safeguards not only against deception, but against practices which would tend to demoralize the profession by forcing its members into an unseemly rivalry which would enlarge the opportunities of the least scrupulous. What is generally called the 'ethics' of the profession is but the consensus of expert opinion as to the necessity of such standards."

The protection which the decision accorded the profession was paralleled only by the implied "fair play" which the profession owes to the public. It is not enough that we pass laws to eliminate the misstatements and fraud of the advertising dentist. We must also protect the public from the misstatements of the venders of dental nostrums.

Dr. W. A. Neilson, of Smith College, speaking at the meeting of the American Association for the Advancement of Science, in St. Louis, a few days ago, said, "We may as well recognize the fact that the newspapers and the public will be served, if not by those who know then by those who half know. The support of research must ultimately come from the laity; it is of immense importance that the laity be as well-informed as possible."

This is again forcibly brought to our attention on p. 104 of the January, 1936, issue of the "Readers' Digest," when they nominate for oblivion an advertisement on tooth paste making false claims. As we ponder the situation, we cannot help feeling a sense of humiliation creeping over us, for we recall the same advertisements as acceptable to the pages of many dental publications.

When our own journals accept what the public definitely knows to be a fraud, how can we gain the confidence and respect of the public? How can we elevate the profession under such conditions or even hope to maintain the public's present esteem?

Our relations with the public must always be built upon truth—truth in our statements to it and willingness to protect it from untruth. No other premise is possible.

To this end, our own journal pages must be free from questionable advertisements and our attitude must be militant toward those who would drag down our fair name in the eyes of the public.

The year 1936 can be made a notable one in dental history if we would make it so. It can also be made the beginning of an era of greater public confidence. However, that confidence can only be obtained if we stand united for those things that will protect the public interest and this will also be the profession's interest.

We must give every day's wholehearted service to the fundamentals for which our profession stands, rather than lip service at our meetings.

We must insist that those who are elected to serve, whether as officer or editor, hold profession and public interest uppermost.

We must insist upon our rights in our relation to the public and the profession. We will be judged by our spoken and written words. Our official organs, therefore, must be free from all commercial taint and their advertising pages must support our position to secure and maintain public confidence.

1936 will be notable if we restate the fundamentals upon which our profession stands and build upon them, and if we make it a year of professional service with truth and fair play the watchword.

TO THE NONMEMBERS OF THE NORTH CAROLINA DENTAL SOCIETY

President Theodore Roosevelt once said, "Every man owes some of his time to the advancement of his profession."—No truer words than these were ever spoken. There are 226 men practicing dentistry in North Carolina who are eligible for membership in the North Carolina Dental Society, but are not members. Of this number, 153 have at some time in the past been members of the Society and have no doubt given support to the organization, which has functioned for the advancement of dentistry. There are 73 men practicing dentistry in the State who have never been members of the dental society. It would be difficult to conscientiously say that these 73 men ever contributed anything to the advancement of the profession which they practice and from which they receive their livelihood. Some of the men, in both of the groups mentioned above, no doubt feel that organized dentistry can progress without their support, but it must be remembered that **IN UNION THERE IS STRENGTH**. If every dentist in the State should have that feeling of indifference, then we would have no organization. Were it not for that small group of practitioners who organized the North Carolina Dental Society sixty-two years ago, together with the loyal members of the society since that time, North Carolina would not be a very desirable State in which to practice dentistry, and I dare say that many of us would not be here to compete with the quacks, barbers, and blacksmiths, who would be working the **TRADE** and not practicing the dignified **PROFESSION** we now have.

To the North Carolina Dental Society is due all the credit for the prestige we now enjoy as professional men; it has been only through the Society that our profession has advanced and can advance in this State.

Membership in the District and State Societies and the American Dental Association cannot be valued too highly—it is not only a privilege but an obligation we owe the profession to become affiliated with these organizations and do active work in them. I seriously doubt that many of us realize what dental organization has done and is doing for the profession and its members. Through it has come the better dental colleges; resulting in better training for us. It is responsible for the dental examining boards to determine the capability of those who apply for license and the dental laws which are for the protection of every dentist in the State. With these facts in mind, every dentist should feel it his **DUTY** to join the Societies and support their principles—because it is through the Societies that we occupy our position today.

Now we are being confronted with the problem of socialized dentistry, panel dentistry, state dentistry, contract dentistry, or anything you wish

to call it, and we must stand solidly to combat it. To do this, it is going to require the coöperation and support of every dentist in the State, and I hope by the time we have our next meeting, May 11-12-13, at Pinehurst, we may see the names of the 226 nonmembers on the roll of the North Carolina Dental Society. Are you going to lend your support? We are depending on you.

FRANK O. ALFORD,
Secretary-Treasurer.

ORGANIZATION OR CHAOS

By DR. C. C. BENNETT

We have reason enough to congratulate ourselves along certain lines in our professional existence, but we should not be feeble-minded, however, and pretend that all our problems have been solved. If we are wise we will enjoy the good we have accomplished and attack with fresh energy and courage the tasks still to be conquered. We point with pride to the advancement made in the scientific field of organized dentistry. For years we have felt that to be successful would only mean that we should become more skillful than our fellow dentist, but that cannot be true in its entirety; and, because of its untruthfulness, it is necessary for organized dentistry to become interested in a new phase of our existence; namely, the social and economic side of our profession.

There are too many dentists in our State who are only able to eke out a bare existence for themselves and their families for the above statement to be true. We live with a people who are in dire need of our services; a people who do not know the vital relation of mouth health to general health. So much time has been spent in research and technique until we have lost sight of the social and economic side of dentistry.

To be efficient in the various branches of our profession does not mean that the million school children in our State will have the necessary dental attention to protect themselves from focal infection; it does not mean the adult population of our State will appreciate dentistry any more because Doctor Jones has been away to specialize in his profession. On the other hand, what is the attitude of Doctor Jones after he has spent time and money to improve his ability? In most cases, he constructs a wall of high fees about himself until only a select few of our people can afford his services, and from the educational side of dentistry it is just as well Doctor Jones had stayed at home.

The biggest problem for our profession today is to rescue dentists themselves from their chaotic social and economic existence. To improve this would improve the scientific side of the profession. Our

leaders must cease to look upon such changes as a step toward socialized dentistry, and that any change from the normal would undermine the future status and security of our society. Since it is obvious that so much has been accomplished in the advancement of dentistry because there has been unity of purpose along scientific lines, perhaps a similar amount of good might be achieved if organized dentistry would give some time to the social and economic welfare of the dentist himself. When one realizes that when eighty-five to ninety per cent of the population of our people are suffering because of their need for dentistry, it is imperative that we should make some effort that would be a factor in pulling dentistry out of its social and economical mire and proceed toward a regeneration of the dental health of society and the welfare of the dental profession.

We are living in an age when industry, commerce, educational institutions and governments are organizing for one common purpose—the rescue of its people from the hands of selfishness and greed. Organized dentistry should now be passing through one of its great social changes. Why not a “New Deal” for dentistry?

Perhaps the greatest influence for educating the public to their dental needs comes through our State Board of Health, under the supervision of Doctor Branch. What is organized dentistry doing to aid the doctor in his efforts to educate a people to the value of dentistry? It is necessary for Doctor Branch to ride from one end of this State to the other to solicit funds for his work. It is necessary for him to ask men to work only eight months in the year—the same as teachers. At the same time our State Board of Health is adding new physicians and nurses to the department on full time and pay. It seems to me that something could be done to improve this deplorable condition.

For years the American Dental Association has had a committee appointed to work some economic plan in conjunction with the medical association; a plan that will conform to the country as a unit. Our own Society has a similar committee, of which I happen to be a member. Space will not permit a discussion of their activities, but I venture to say that Colonel Byrd will be protesting to the United States Government against the processing tax levied on cotton grown in Little America before any good can or will be accomplished along social conditions. It is just as reasonable to undertake to grow oranges in Rhode Island as it will be to work out an economic plan that will conform to the country at large. Every state and community has different surroundings, and likes and dislikes; no plan will be workable in an industrial center if it is applicable to a community that is largely agricultural.

Then, what has the above to do with organized dentistry? There are hundreds of dentists in every state in the Union who do not belong to

organized dentistry; they are unable to see why it would be profitable to them to join any Society, local or otherwise.

Therefore, I appeal to our Association to become cognizant of its future possibilities, and thus organize for a fuller realization of a lasting good for the general welfare of dentistry and the people of North Carolina.

OPEN LETTER TO THE MEMBERSHIP OF THE N. C. D. S.

November 18, 1935.

FELLOW MEMBERS:

At the annual meeting of the American Dental Association in New Orleans I was elected to serve as Trustee of the Fifth District, succeeding Dr. Harry Bear of Virginia.

Not unmindful of the many responsibilities which this position of honor bears; and, frankly acknowledging my limitations, I herewith beg of each and everyone of you leniency and wholehearted coöperation. The entire Fifth District, I feel, will assist me in my efforts, and thereby much can be gained by unity of purpose.

I trust that I may live up to your expectations, and hereby pledge to earnestly and sincerely uphold the dignity of our noble profession, and bring to the Fifth District every advantage that organized dentistry has to offer.

During my tenure of office, it is my intention to be present at some meeting of each of the states in the district.

Yours for the elevation of our profession,

C. J. CARABALLO.

WHAT ORGANIZED DENTISTRY HAS MEANT TO ME

By J. MARTIN FLEMING

If one should ask me what organized dentistry has done for me, or what it has meant to me, throughout forty years of practice, I would say that it has meant everything.

I count any success I may have attained as traceable directly to organized dentistry. I came into the profession knowing very few dentists, even in my home town, and I had a strange feeling that they would all prefer that I locate somewhere else. Maybe that feeling was prompted by conceit that I might draw patronage from them, but, as I look back on it now, I am rather inclined to think it was due to a woeful ignorance of professional courtesies.

ANNUAL MEETING, PINEHURST, MAY 11-12-13, 1936

These men were not slow to extend me a helping hand and a word of encouragement which I so sorely needed. Having been met at least half-way, I was not long in joining both the local and State societies. The friendships made in the local society have held fast and true. Go to any convention and you will find the local men together, bound together by a common tie of organized dentistry.

The men I was privileged to know in the State Society were pioneers in Dentistry. Among those I knew were nine of the fourteen of the founders of the North Carolina Dental Society—Drs. Arrington, Turner, two Hunters, Watkins, Hoffman, Everitt, Bland, and Jones. Maybe they didn't know me well, if at all, but I am proud to have known the men who organized dentistry in North Carolina and who wrote the superb Code of Ethics, which through varying changes of living conditions and of practice has required no change whatever. It is as virile today as the day it was written.

Through my State membership it has been my privilege to meet and form friendships with men of both national and international fame at the meetings of the American Association. That privilege of acquaintance came solely through organized dentistry. I love it for the friends it has brought me.

One other great help that has come to me has come through the educational facilities offered by organized dentistry, in my endeavor to keep abreast of the times in the rapid and varying changes which have come to the profession. Look back on your own practice, as I look back on mine, and consider where you would be today if you had depended on just what knowledge of dentistry you had when you graduated. There has been such a rapid growth that nothing less than organized dentistry could have kept pace with it, but the fact is that organized dentistry has set the pace.

And yet someone will say that you can keep abreast of the times through the magazines and the post-graduate courses offered, but these same magazines and post-graduate courses are only possible through the support of organized dentistry. So we are all unconsciously indebted to organized dentistry, whether we be members or nonmembers. A soldier who fights alone would not conduct much of a warfare. It is only the combination of many soldiers that makes a worth while army, and so the one who practices dentistry alone and has not joined in with his profession has missed what organized dentistry has to offer.

Of course, each member brings *something* to the organization, but he carries away from all meetings vastly more than he puts into them. If we look at its from only a selfish standpoint we can see where one is much richer in the exchange of his one idea for the ideas of all the other members. It is better to run with the herd than alone. And so, I make

this as an earnest plea to all men not members of the North Carolina Dental Society to come in and join with us in advancing the cause we love—Dentistry. You will find just as cordial welcome as I found and you will find enlarged opportunities for service, especially in the “National Mouth Health Survey” program which is soon to be made throughout the State under direction of Dr. Ernest A. Branch of the State Board of Health.

BENEFITS OF ORGANIZED DENTISTRY ACCRUING TO THE NONCONTRIBUTING NONMEMBER

By DR. W. M. ROBEY

Common reasons for not coöperating with our Dental Societies are:

1. Procrastination.
2. Financial.
3. Indifference.
4. Scotch trait of frugality.
5. Disagreement over some policy of the organization.
6. Dislike of some member of the organization.
7. Carelessness as to paying dues.

Suppose, for instance, that all the members of organized dentistry, for one or all of these reasons, should suddenly resign from their groups, how would it affect—the nonmember as well as the ex-member—dentistry as a whole?

What benefits have been conferred upon humanity as well as the dental profession by organization? The three principal ones are:

1. Interchange of ideas and development of scientific research.

In 1875, 60 years ago, the N. C. Dental Association was organized. Before that, dental research was individual, ideas and findings were secret, and passed on only to the student by preceptor or to the friend who was close enough, and far enough away not to compete with the finder. Today, how many ideas and methods of practice do we use that are not the result of organized work? The nonmember receives them through the schools, the literature and contact, direct or indirect, with members of the organization.

2. Protection of the public and every member of the profession from wholesale quackery, by securing the enactment of laws governing the practice of dentistry.

Before 1879 the only control as to practice was an agreement between the dentist and student that the student would work a year in an office

before entering practice. If he didn't want to train beforehand he could, with the right personality, practice anyhow.

3. Set up standards of conduct that have made us a profession instead of a heterogeneous group of honest health servants, montebanks and charletans without a distinguishing mark. Even those who have defied these standards have used them to beguile the uninformed.

To the credit of organized dentistry must be entered these three benefits; without organization all three would disappear. It takes little play of the imagination to picture the chaotic condition that would result if we should all stay home, quit paying dues, and attend strictly to our own business.

Somebody supports our dental societies which make these benefits possible. Are they worth \$1.00 per month? Am I willing to permit the other fellow to bear the burden of watching legislation, and originating it; enforcing our rules and laws to make life better and happier for all of us? Am I willing to take and never give? Is our level that of greed and selfishness or do we subscribe to the idealism of a profession.

THE FLEA

The flea on the dog is undoubtedly an earnest insect, doing his best for his family. But he does not add to the amiability and usefulness of the dog. His only other use is to raise more fleas and sometimes transmit typhus and other plagues to human beings. He makes the dog scratch.

DENTAL JOURNALISM

By DR. H. O. LINEBERGER

The American Association of Dental Editors of Nonproprietary Journals meeting recently held in New Orleans brought out very clearly that the American Dental Association, working through various associations and committees, was making great strides toward improving Dental Journalism. Many suggestions toward the unification and consolidation of dental journals were adopted. Many of these suggestions will, I am sure, be put into effect immediately by various editors over the country.

The Commission on Journalism of the American College of Dentistry is another group working hand in hand with the Dental Editors toward the improvement of Dental Journalism. This commission reviews every Dental publication, Proprietary and Nonproprietary, in this country, summarizes all material—lists all editors, contributors and policies—reports on advertisements, *e.g.* (whether accepted or nonaccepted or

questionable). How the journal is financed and sponsored. All this information is being consolidated to the end that more authentic and beneficial information may be given to the Dental Profession, without the slightest taint of commercialistic stigma attached to it.

What is the trouble with the present-day proprietary journals? A very good question and one to which every member of the Dental Profession should give serious thought. First of all, let me say that Dental History and achievements have been to a great degree preserved by certain high-class proprietary Dental Journals. These publications are in most cases anxious to coöperate to the end that Dental Journalism may be raised to a higher level. There is another type of proprietary dental publication known to the profession as the "Throw Away" variety which comes to your office unsolicited, in some cases sponsored by some local supply houses, but in many cases unsponsored.

Every dentist should set aside a certain amount of his time to read and improve himself. He also owes it to himself to select articles published in Journals where the authors can call a spade a spade and let the chips fall where they will without the fear of offending the advertiser of a questionable product.

I wish to take this opportunity to pay my respects to the North Carolina Dental Society Bulletin and to our Editor, Dr. G. Fred Hale. Our Bulletin is considered one of the best State Society Bulletins in the country. Let us give it our support and keep it above reproach.

DENTAL RELIEF

By DR. J. C. WATKINS

It is gratifying to note the increased liberality which has characterized the response of the North Carolina dentists to the work of the Dental Relief Fund Committee of the A. D. A. through the sale of Christmas seals. However, the records in the Central Office in Chicago indicate that, probably during the Christmas rush, many of our dentists have overlooked this very important matter. What a wonderful thing it would be if every member of the North Carolina Dental Society would follow the splendid example of the Raleigh Society, where each member always sends at least one dollar (\$1.00) for the seals he receives.

The A. D. A. adopted at its last meeting the report of the Relief Fund Committee to return to each state fifty per cent of the money received from the sale of seals in that state. This, together with the fact that the National Committee matches dollar for dollar the amount the local State committee gives for relief, gives us an excellent opportunity to make our fund of a denomination sufficient to be of a real help to those

of our profession or their dependents who might be so unfortunate as to need aid, when such needs arise.

To date none of our fellow dentists have had to call on us, a fact of which we are very proud. It is inevitable, though, that this condition of apparent affluence on the part of the elder and less active members of our profession cannot be permanent. We are appealing to every member of the N. C. D. S. to do his part toward this worthy cause so that when cases of need do arise the N. C. D. S. will be ready to meet the emergency in manner typical of the spirit that has always characterized our society.

THE EDUCATIONAL VALUE OF A MEDICAL SOCIETY

PRESIDENTIAL ADDRESS BEFORE THE WAKE COUNTY MEDICAL SOCIETY,
JANUARY 9, 1913

By HUBERT A. ROYSTER, A.B., M.D., Raleigh, N. C.

It is quite unnecessary to enter upon an argument to demonstrate the benefits to be derived from membership in a medical organization. It goes without saying that, in order to be effective in the world, each profession, trade or business must be organized and that the individual members must stand together. The medical profession is no exception to this principle. When we club together into societies, we are helping to cement closer the whole profession everywhere into a homogenous body so that we may act as a unit on questions which concern all of us. Co-operation is a vital thing in these days and physicians particularly need it, to promote their own social and professional uplift, to secure adequate sanitary laws in their communities, and to protect themselves against impostors, delinquents and quacks. Surely none can deny that these are worthy aims and righteous prerogatives.

But these purposes, excellent as they are, do not represent all that the organized profession stands for. I most emphatically believe that *the highest function of a medical society is educational*. Its chief reason for existence is to make better doctors of its members. Mutual relations hold here as well. We can all teach each other something and we all learn from each other. After all, we are on earth only for this—to do our work each day as well as we can and to give humanity the advantage of our knowledge and labor. The differences between us as physicians consist not in the incomes we make, or in the number of patients we see in a day, but rather in what we know and how industriously and conscientiously we use what we know. “The knowledge which we can use is the only real knowledge. All else hangs like dust about the brain or dries up like raindrops off the stones.” When we acquire knowledge it

is our privilege to pass it on to others. In doing so we strengthen our own store and inspire thoughts in those who receive it. Great is the reward of the man who causes two ideas to grow where only one grew before. *No man can possibly master a subject unless he either talks it or writes it.* When a paper is prepared it means that the author has got hold of his subject matter and improved himself to that extent: When it is discussed the thoughts are scattered broadcast and some kernel is certain to spring up fourfold. Without debate there can be no progress; if we all agree, the wheels stand still. And this is what the medical society does—it causes us to progress in knowledge, it takes the kinks out of our thought waves, it makes for a breadth of ideas that all the reading, all the schools, and all the clinical experience can never give.

The most interesting thing about a medical meeting is the feeling that we have come both to receive and to impart that which will be of service. I have sometimes wondered if we realized that the most important part of our program each month is that which relates to the actual professional work—clinical reports and the reading of papers—and that whatever else comes up is purely incidental. The framers of the by-laws for county societies over the country evidently had this in mind, for they wisely placed the scientific portion first and then arranged for the business side. In societies which have the opposite rule, I have seen the time so taken up with parliamentary proceedings and unfinished business that the appointed subject for discussion was actually postponed to the next meeting. Debate on the fee-bill will at any time bring a large attendance, while hardly a corporal's guard may be mustered to hear a paper.

No objection can possibly be offered to the consideration of business affairs, to the question of coöperative collections or to conferences for beneficent legislation; but these matters can never be paramount. Somehow I feel that it is abhorrent to look upon our society as a trades-union or a protective association. We are not in the profession to keep somebody out or to secure laws for our own aggrandizement. We need co-operation, truly, but only with those who are striving for the same ideals as we are: We need protection, but chiefly to protect ourselves against ignorance in our own ranks. This can be done solely by teaching each other and learning from each other. The public part and the business side of the profession will take care of themselves, if we but strive every day to know more than we did the day before. And remember, that in medicine, knowledge, not money, means fame; and that fame will bring fortune, if rightly directed. This is the reverse of a trade or a business, where money means fame and special knowledge counts for so little.

The value of membership in a medical society is exactly what each individual member himself sets upon it. Those who go the oftenest, pay

the strictest attention and do their best work get the most out of it; while those who absent themselves, take small interest in the proceedings and never engage in them get very little out of it. I have heard men say that they got nothing out of any society meeting, that they could read it up at home, that they never saw one more dollar come to them by virtue of their membership. Such remarks make me feel sad and hopeless. I should think the social contact would appeal to those men, if nothing else. It is a fine thing to rub elbows and swap jokes with your colleagues. We do not enjoy this as much or as often as we should. There is no reason why we should not be as hearty and well-met as men in other departments of the world's work. But we are much improved over ten years ago. The petty jealousies and unjust bickerings are fast disappearing—are almost gone. And it is the medical society that has done it. Show me the man who never attends his local meeting and I will point out to you a man who is practically unknown to his professional brethren. He is aloof and alone. More than this, he is not keeping abreast of his profession. He is tested by his work (or lack of it) in the society. There are some doctors who are always too busy to learn how to do it better.

The surest way to show one's interest in a society is to attend its meetings regularly. Whatever else one may or may not do, being present is the essential thing. No church, lodge or club ever succeeded unless its members were enthusiastic in attendance. That is the spirit to infuse here. It would be a splendid sight to find at least two-thirds of our members in their seats at each session during the coming year. Shall not all of us take the pledge that nothing except extraordinary circumstances will keep us away from the regularly appointed hours? It will mean perhaps a sacrifice of comfort to many, a strain on the memory of some, and a fancied smaller purse to others; but nothing is done without sacrifice and we may afford it once a month.

[Reprinted from North Carolina State Board of Health Bulletin, February, 1914, issue.]

KEEPING UP WITH OUR FRIENDS

Dr. Clifford E. Abernethy, who for several years was in charge of the Dental Department of the Wake County Board of Health, has recently entered private practice in Raleigh, located in the Professional Building.

Dr. T. L. Young has recently opened an office in the Professional Building, Raleigh, for the practice of dentistry. Dr. Young was connected with the State Hospital in Raleigh for a number of years.

Both Dr. Young and Dr. Abernethy have been valued members of the Raleigh Dental Society for a number of years, but we anticipate with pleasure a more intimate association with them.

The friends of Dr. D. T. Smithwick of Louisburg will be interested to know that he was elected at its annual meeting to serve a second term as president of the North Carolina Folk Lore Society.

We regret to learn of the illness of Dr. P. R. Falls of Gastonia, and wish for him a speedy recovery.

Dr. E. H. Broughton of Raleigh has been in ill health for several weeks and has recently gone to Florida with his family to spend some time. We wish for him a speedy recovery.

For the seventh consecutive year the Raleigh Dental Society contributed 100% to the Dental Relief Fund. Can't we get other local Societies in North Carolina to do likewise?

Miss Jane Hart Rife of Baltimore, Md., and Dr. T. W. Atwood of Durham were married October 4, 1935. Our best wishes for a long and happy life.

Dr. H. Royster Chamblee and Dr. T. L. Young were elected president and secretary, respectively, of the Raleigh Dental Society for the ensuing year.

Dr. Ernest A. Branch was appointed by the Secretary of Labor, Madam Perkins, on the Advisory Committee of the Children's Bureau, Department of Labor. He was the only dentist appointed in the United States to such a position and it is a signal honor well deserved.

Dr. H. O. Lineberger, of Raleigh, has been appointed chairman of the Commission of Journalism of the American College of Dentists. Dr. Lineberger has served for two years as a member of this commission, in which capacity he has had opportunity to acquaint himself with the duties of this assignment.

Dr. Howard Allen, of Henderson, has been out of his office for several days on account of illness. We wish for him a speedy recovery.

The many friends of Dr. S. L. Bobbitt, of Raleigh, will regret to learn of the death of his father on January 18th, at the age of 86.

BIRTHS

Dr. and Mrs. C. E. Abernethy, of Raleigh, a son, John Clifford Abernethy, July 26, 1935.

Dr. and Mrs. Ralph D. Clements, of Raleigh, a daughter, Nelda Merial Clements, September 20, 1935.

Dr. and Mrs. Victor E. Bell, of Raleigh, a son, Edward Kestler Bell, January 8, 1936.

ANNOUNCEMENTS

You are invited to attend the 72d Annual Midwinter Meeting of the Chicago Dental Society, to be held at the Stevens Hotel, February 17, 18, 19, and 20, 1936.

The next meeting of the Tennessee State Dental Association will be held in Memphis, at Hotel Peabody, May 11, 12, 13, 1936.

"The 1936 session of the Thos. P. Hinman Mid-Winter Clinic will be held on March 9-10, 1936, at the Atlanta Biltmore Hotel, Atlanta, Ga.

CLINTON C. HOWARD, *Chairman*,
J. D. OSBORNE, *Secretary*."

PINEHURST PROGRAM

MAY 11, 12, 13, 1936

Your Program Committee has been diligently working for the past sixty days, trying to outline a program for the meeting at Pinehurst, which will be of real interest and benefit to all those who will be in attendance. So far, we feel that we are making a great progress in that direction. At present time, we are not in position to give a detailed outline of the program, but we are indeed happy to announce that we have been very fortunate in securing acceptances from the following men, who enjoy national reputations as clinicians and teachers and are some of the most outstanding men in their respective fields:

Dr. Norman B. Nesbitt, Assistant Professor of Dental Prosthesis, Dental Department of Harvard University, will give a "Full Denture Technique," demonstrated in both paper and clinic form.

Dr. Guy Harrison, Oral Surgeon of Richmond, Va., who needs no introduction to the members of the North Carolina Dental Society, will lecture on "Oral Surgery."

Dr. Leroy M. Ennis, of the University of Pennsylvania, will present "X-ray Technique and Interpretation."

Dr. John Hamilton, head of the State Laboratory of Hygiene, will also appear on the program. The State Laboratory of Hygiene renders a very valuable service to the State, and Dr. Hamilton will acquaint us with its many duties.

ANNUAL MEETING, PINEHURST, MAY 11 - 12 - 13, 1936

It is hoped that we will have with us Dr. George B. Winter, President of the American Dental Association and an outstanding exodontist, of St. Louis, Mo. Also Dr. C. J. Caraballo, Trustee, American Dental Association, Tampa, Fla.

The program is in no way complete. There will be local clinicians, as well as other visiting clinicians. Entertainment will be furnished for all. The usual banquet and dance will be Tuesday night.

FRANK O. ALFORD,
Secretary-Treasurer.

FIVE-STATE POST-GRADUATE CLINIC

MARCH 8, 9, 10, 11, 1936—WARDMAN PARK HOTEL, WASHINGTON, D. C.

The Five-State Post-Graduate Clinic, including Maryland, Virginia, West Virginia, Delaware, and North Carolina, being held on March 8, 9, 10, and 11, 1936, in Washington, D. C., for the fourth consecutive year, is now conceded to be one of the largest and finest sectional meetings in the country. The Wardman Park Hotel, at which the meeting is to be held, offers facilities ideally suited to a meeting of this kind.

The length of time for the Clinic has been increased to four days to allow a full day, Sunday, March 8th, for the members and guests to view the extremely interesting History, Science and Creative Arts exhibit at the United States National Museum.

Through arrangement with Mr. John Edgar Hoover, Director of the Bureau of Investigation of the United States Department of Justice, there will be a specially conducted tour of the modern crime laboratory in the new Department of Justice Building. This tour is only open to the visiting dentists, as it will include a demonstration and explanation of the scientific phase of crime investigation, stressing the points of particular interest to the dentist.

On Monday and Tuesday the Clinic Committee will present a symposium on the Biologic Concept of Dentistry by the following clinicians: Drs. E. C. Rosenow and Boyd S. Gardiner of the Mayo Foundation; Dr. Clarence O. Simpson of St. Louis, Mo.; Dr. Vernon J. Lohr of Washington, D. C.; Dr. J. L. Furness of Cleveland, Ohio; and Dr. George M. Anderson of Baltimore, Md. To this list will be added others of similar prominence.

On Wednesday the entire day will be devoted to Registered Clinics in the morning and Table Clinics in the afternoon.

On Monday evening there will be an internationally known speaker on a topic of general interest to the dentists and their guests.

On Tuesday evening there will be held a dinner dance surpassing even last year's successful event. Due to limited accommodation, reservations must be made well in advance.

The space for all commercial exhibits has been reserved and the attending dentists are assured a highly interesting display.

PUBLICITY COMMITTEE,
EDMUND T. LANE, *Chairman*,
1029 Vermont Avenue,
Washington, D. C.

Attention! You must have your 1936 membership card to get in the Five State Clinic at Washington. Don't forget it.

ANNUAL MEETING, PINEHURST, MAY 11-12-13, 1936

BOOKS

"When in my brow the lines are deep
I'll sit and con them page by page.
Books are insurance that I keep
Against the loneliness of age."
—EDGAR A. GUEST.

God be thanked for books. They are the voices of the distant and the dead, and makes us heirs of the spiritual life of past ages.
—WILLIAM E. CHANNING.

"YOUR TEETH AND YOUR BABY'S TEETH"

A 16-page booklet on the care of the teeth during the prenatal period. It simply and clearly explains why the expectant mother should care for her own teeth and what she may do to build better teeth for her baby.

Prepared by the Bureau of Public Relations and approved by the A. D. A. and the U. S. Public Health Service.

Single copy, 5c; 25 copies, \$1.00. (See pages 2147-2150, A. D. A. Journal November, 1935.)

ENAMEL FISSURE DECAY CHART

Prepared from drawings by Dr. Charles F. Bodecker of Columbia University, this beautiful 4-color 9x16-inch Pyraglass chart will HELP YOU EXPLAIN many troublesome conditions to your patients. Order one today. Price, 30 cents. (See page A-42, A. D. A. Journal, November, 1935.)

Both of these educational and valuable items can be obtained from: Bureau of Public Relations, American Dental Association, 212 East Superior Street, Chicago, Illinois.

DISTRICT SOCIETIES

NEWLY ELECTED DISTRICT OFFICERS OF THE NORTH CAROLINA DENTAL SOCIETY

FIRST DISTRICT

President.....	DR. O. C. BARKER, Asheville
President-Elect.....	DR. S. P. GAY, Waynesville
Vice-President.....	DR. S. E. MOSER, Gastonia
Secretary-Treasurer.....	DR. C. S. McCALL, Forest City
Editor.....	DR. DAVID ABERNATHY, Hickory

DELEGATES

DR. N. P. MADDUX.....	Asheville
DR. J. F. REECE.....	Lenoir
DR. D. E. McCONNELL.....	Gastonia
DR. C. S. McCALL.....	Forest City
DR. O. C. BARKER.....	Asheville

SECOND DISTRICT

President.....	DR. J. H. NICHOLSON, Statesville
President-Elect.....	DR. J. P. BINGHAM, Lexington
Vice-President.....	DR. D. W. HOLCOMB, Winston-Salem
Secretary-Treasurer.....	DR. W. C. CURRENT, Statesville
Editor.....	DR. D. B. MIZELL, Charlotte

DELEGATES

DR. J. H. NICHOLSON.....	Statesville
DR. W. C. CURRENT.....	Statesville
DR. G. A. LAZENBY.....	Statesville
DR. HARRY KEEL.....	Winston-Salem
DR. F. O. ALFORD.....	Charlotte

THIRD DISTRICT

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President-Elect.....	DR. H. A. EDWARDS, Greensboro
Vice-President.....	DR. CARL NORRIS, Durham
Secretary-Treasurer.....	DR. C. A. GRAHAM, Ramseur
Editor.....	DR. D. T. CARR, Durham

DELEGATES

DR. C. A. GRAHAM.....	Ramseur
DR. CARL NORRIS.....	Durham
DR. H. A. EDWARDS.....	Greensboro
DR. W. A. PRESSLEY.....	Greensboro
DR. W. F. CLAYTON.....	High Point

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DR. J. L. SPENCER.....	Williamston
DR. CLYDE E. MINGES.....	Rocky Mount
DR. M. B. MASSEY.....	Greenville
DR. A. T. JENNETTE.....	Washington

FIRST DISTRICT

ORGANIZED DENTISTRY DESERVES OUR SUPPORT

Norman W. Kingsley once stated that if a second flood should occur and all the dentists could enter the Ark and thus be saved, that these dentists could reproduce every art known to the world.

We should be proud of our profession, and justly so. During the last few decades profound advancements and almost miraculous results have been made in the dental profession. I believe that we can truthfully say that our dental organizations and the men in them are responsible for this noteworthy progress. Just now this noble organization and its splendid advancement is threatened.

Everyone recognizes the fact that there is strength in union. Many thousands of dentists have negligently failed to become associated with our dental organizations, and thus become a source of embarrassment, in that organized dentistry represents but little above the majority, and therefore our requests and demands to those in political power are considered inadequate. We do not wish to exert a selfish strength, but one that will be beneficial alike to the whole public.

Personal solicitation is the most effective of all means for adding to our membership. Member, do a good turn to your nonmember brother and give him a personal solicitation.

To the nonmember, I want to say that even if you never expected to attend a dental gathering, you cannot afford to continue to be a nonmember, and thereby deny your support to organized dentistry.

Again, the Journal of the National Association, which would come to you each month, is worth the cost of membership.

If you attend the District or State meetings and take away a single spark of enthusiasm, which you are sure to do, the accumulations of sparks over a number of years will bring about a fire of ambition that will make one a better, more valuable unit in the profession, and of more value to yourself and the public.

The future of the average dentist should be brighter than the immediate past or present. May we count on you to help make it so?

During recent decades, can you recall a single outstanding dentist who has not been affiliated with organized dentistry?

If a member of your family was desperately ill, would you be willing to call in a physician whom you knew was not a member of a medical society? Think it over and let's support the organization that is doing so much for the advancement of your and my profession.

Send in your application today.

O. C. BARKER, *President,*
First District Dental Society.

VALUES OTHER THAN MATERIAL IN THE PRACTICE OF DENTISTRY

(Paper read by DR. J. F. REECE at Hendersonville on October 7, 1935.)

There are times in the practice of our profession that we become very discouraged. Especially has this been true in recent years. It is well, therefore, to stop occasionally and think of some values that come to us other than material. He who sets the making of money as his only goal in the practice of dentistry is more likely to become a failure. May I, in these remarks, mention three values, other than material, that our profession can have for us?

It is our privilege to enjoy, first, a love of our work, an appreciation of the beautiful, and an ability to create beauty. Fortunate is the one who can picture for himself a finished piece of work; who can create it, and can then behold the work of his hand which has become a part of him. Such a one is to be congratulated and his clientele would have a share in those congratulations. To create and behold a beautiful piece of work brings us far greater joy than mere material gain. This love of the beautiful calls out the very best there is in us.

The second value that comes to us is the realization that it is our privilege to become guardians and watchmen, for that is what we are. If anyone should give into our care a great trust fund, we should feel highly honored. Every child that is placed in our care becomes our responsibility. Every time we accept a patient we become, to a great degree, the guardian and watchman of that person's health. It is a great responsibility, but, if we accept it and exercise the care and thought necessary to such a responsibility, there will come to us a joy that money can never buy—the joy of a task well done, an obligation fulfilled. It is our privilege to prolong and to save life. Very recently I heard a noted surgeon make the statement that 128,000 deaths occur annually from cancer in this country. We know that a large per cent of cancer occurs in or about the oral cavity. We have the opportunity to detect malignant growths in their early stages and to have treated such cases, thus saving or prolonging many lives. We may never receive a fee for such a

service, but the joy that comes to us in rendering that service will many times compensate us for our failures in the less worth while lines of our work.

The third and last value that I wish to call to your attention is the very thing we are enjoying today—the fellowship, the coöperation with our brothers, in other words, Organized Dentistry. The practice of dentistry is a painstaking, exacting work. The difficulties that we encounter and the many problems that arise are not understood by laymen, and very often not by our brothers in the medical profession. The very nature of our work makes it hard. Therefore, there should be a sympathetic coöperation among us to the end that we may help each other and thereby render greater service to those who come under our care.

There is no place in our profession for the man who thinks he is sufficient unto himself, who feels that he knows all there is to know, and that he can do everything as well or better than anyone else. There is no one so efficient that he can carry on his profession any better than someone else, and no one knows so much that he cannot learn something from another. Therefore, we need the coöperation of our fellows.

The only recommendation that I make for our district is that we exert every effort to organize more fully during the coming year. There are many good men in our district who are not members of our State societies. If I may suggest, a good way to bring them into it is to organize local societies within our own district; such societies as those of Rutherford County, Asheville, and the Tri-County organization of Caldwell, Burke, and Catawba. Invite the nonmembers of the State Society to become members of the local society. In this way we can teach them the value of coöperative dentistry.

There is something beautiful, something inspiring in this thing of helping each other. We have seen it in our societies. We have seen it among our local men, the old and the young. It should be a joy unspeakable to the young men recently graduated from our colleges, who have had far greater advantages in training than the older men, to bring to others the benefits of their better training. In exchange they have received from the men who have been in the heat of battle, who have overcome great handicaps and made Organized Dentistry what it is today, the benefits of their experience and knowledge gained only through experience. In that way can the younger men avoid pitfalls and mistakes that have fallen to the lot of the veterans in our profession.

The story of an old man at the end of a journey, as told by Miss Will Allen Dromogoole in her poem, "The Bridge Builder," expresses the thought beautifully:

THE BRIDGE BUILDER

An old man, traveling a lone highway,
Came, at the evening cold and gray,
To a chasm deep and wide.

The old man crossed in the twilight dim,
For the sullen stream held no fears for him.
But he turned, when he reached the other side,
And built a bridge to span the tide.

"Old man," cried a fellow pilgrim near,
"You are wasting your strength with building here;
Your journey will end with the ending day,
And you never again will pass this way."

"You have crossed the chasm deep and wide,
Why build you a bridge at eventide?"
And the old builder raised his old gray head:
"Good Friend, on the path I have come," he said,
"There followeth after me today
A youth whose feet will pass this way.

"This stream, which has been as naught to me,
To that fair-haired boy may a pitfall be;
He, too, must cross in the twilight dim—
Good Friend, I am building this bridge for him."

—MISS WILL ALLEN DROMOGOOLE.

SECOND DISTRICT

In keeping with the spirit of the season, as well as from a sense of personal interest in each of my professional brothers, may I wish for each of you a very happy and successful New Year. None of us, of course, during the days that are ahead, will escape a fair share of responsibility, and many demands may be made upon us. We shall not be able to do all of the things that are asked of us, but we shall have to consider them all, and decide for ourselves which are the worth while ones.

It is my desire at this particular time to recommend for your serious consideration the matter of your membership in your district and State dental society. It seems to me, as it seems to the majority of our North Carolina dentists, that no demand upon your time and purse, and in this case the latter aspect amounts to very little, is more worthy or more important than this, namely: That every practicing dentist in North Carolina become an active member of the North Carolina Dental Society, joining, of course, through the medium of his district society.

It is gratifying to remember that many of you who read these lines are already members in good standing of our State-wide organization and, for those of you who are, we have nothing but commendation. However, there are far too many dentists in this State who have not yet affiliated themselves with the society, and it is to these outsiders that we are directing the present appeal, and with the sincere hope that each and every one of them will see fit to associate himself with his fellow craftsmen in the societies.

Every profession worthy of the name is organized into a workable body, both for the sake of the public it serves and for the benefit of the individual members. The public is best served when its professional servants conform to a definite standard, and it is a distinct asset to any professional man to be rated on equal terms with the representative members of his profession. The opportunities of association and mutual benefit offered by the district and State societies cannot be overestimated. The dentist has rare opportunities to increase and perfect his technical knowledge at the regular meetings and through the publications of the society. He has the chance for social contacts with widely scattered members of his profession. And, finally, he puts himself on record before the public as subscribing to and practicing the very highest ideals of his profession. All these elements, and many others which space forbids my naming here, are component parts of your membership in the organized body of your profession. Do you not feel that you owe it to

yourself and to your patrons to affiliate with the recognized organization of the profession you follow?

A concerted drive is being made at this time to enlist new members, to bring in all outsiders, so that the dental profession of North Carolina can say to the world that it thinks enough of its work and the welfare of the public to stand together and to strive for higher standards of service. The Membership Committee of your district will gladly assist you in getting your applications through. May I hope that you will give this matter serious consideration, and that you will soon be with us in membership, if you are not already in that relationship?

J. H. NICHOLSON, *President,*
Second District Society.

"HAPPENINGS IN THE SECOND DISTRICT"

The time draws near for our Annual Meeting at Pinehurst on May 11, 12, and 13. Make your plans to attend. You must have a friend who is a non-member; personally contact and induce him to join us. Your Program Committee is working on a most instructive and illuminating meeting.

Preparedness for new methods and techniques is a responsibility. To be prepared for the practice of health building dentistry is to obtain knowledge of the causes and effects of disease and means and agents required to prevent it. Such knowledge can be acquired by attending your local district and State meetings.

Our meeting last fall was well attended; not only by members of our district but other districts, as well as many dentists from South Carolina.

We welcome several new men into our midst: H. R. Croots and E. H. Riech, of Winston-Salem; Bernard N. Walker and L. F. Bumgardner, of Charlotte. Bumgardner is associated with Dan Mizell in the practice of Periodontia.

Our local society (Charlotte) has had some very interesting meetings this year. Homer Guion is president, Don Kiser, secretary, and Vance Kendrick, treasurer. Bob Bell has proven to be a very efficient Program Chairman. We are now working on an educational program to be sponsored by the P.-T. A., nurses and teachers in our public schools.

Amos Bumgardner and Frank Alford were on the program of the Piedmont District Society at their meeting in Greenville, S. C., last fall. Dan Mizell gave a clinic on Pyorrhea before the Central District Society at their meeting in Columbia, S. C., last November. He was assisted by Franklin Bumgardner. Through the Charlotte Dental Society and the splendid coöperation of the P.-T. A., the city has secured the services of a dentist for half time to take care of the indigent children. Vance Kendrick was appointed to this position.

Clif Lewis, the able and efficient manager of Powers and Anderson Dental Company, was injured, but not seriously, trying to fly an aeroplane on Friday, December 13th. Clif, stay on the ground.

The Tri-County Dental Society, composed of Rowan, Cabarrus, and Stanly counties, with C. I. Miller, of Albemarle, has been having some very nice meetings.

I understand the Forsyth County Dental Society at Winston-Salem has been having some very instructive meetings. L. A. Taylor is president. They have some very fine fellows in Winston; not only there but all over the Second District. Here is one on C. M. Parks. He was telling one of his young patients the importance of eating spinach and other leafy vegetables to grow

strong, white, pretty teeth. The child interrupted Parks and told his mother, who was close by, to feed grandfather some of Parks' spinach so he could grow some teeth.

Was talking with our president, J. H. Nicholson, of Statesville, and he informed me our District Meeting next fall will be one of our best. Wish you luck, Nick, as we have had some excellent meetings; last fall, for instance. I note you have appointed some very efficient and hard working men on your committees—"nuf sed."

Do not forget the Five-State Post-Graduate Clinic, which is composed of Maryland, Delaware, Virginia, West Virginia, and North Carolina, to be held in the Wardman Park Hotel, Washington, D. C., March 8, 9, 10, and 11. There is no charge, just present your State Society Card. You will find it well worth while to attend.

Friends, we have one of the finest men in the Dental Profession as I ever had the pleasure of working with as president of our State Society this year. Be at Pinehurst and give Zeno Edwards a glad land. The Program Committee and our secretary and treasurer, Frank Alford, are planning a most interesting program.

Your editor is just recuperating from another operation on his bum leg and do hope I will soon be back to normal. Anyway, I will see you at Pinehurst in May.

D. B. MIZELL, *Editor.*

Second District.

ADDRESS OF THE PRESIDENT, SECOND DISTRICT DENTAL SOCIETY,
CHARLOTTE, NORTH CAROLINA, OCTOBER 14, 1935

*Mr. President, Fellow Members of the Second District Dental Society, and
Guests:*

I wish to express to the entire membership of this society my sincere appreciation for the honor and confidence shown by electing me as your president for this year. Perhaps I have not been able to measure up to the high standards set by my predecessors in office, but I have not been unmindful of my duties and obligations during my term in office, nor have I been unaware of my opportunity to be of service to the society and to the profession we represent.

In looking back over the year, I see much that I should like to have accomplished undone. On the other hand, we have had a successful year. After the expense of this meeting is paid, we will find the finances of the society in much better condition than a year ago, as will be shown in the report of our secretary-treasurer. If no other accomplishment than the program which has been arranged for this meeting, I would say the year has been well spent. During this meeting you will have an opportunity to hear some of the most renowned men in the dental profession. These men are outstanding in their respective fields and enjoy a national reputation. It is a rare opportunity to have the privilege of hearing such men at the District Society meeting.

Whatever success that may come to this society as a result of the past year's efforts will not be due to any effort of mine; nor to the efforts of any one member, but to the coöperative spirit of the entire membership.

As the year ends, I find much to be grateful for and a great deal to be proud of. I am grateful to the members of the society for their wholehearted coöperation. It has been a real pleasure to have been president of an organization with all members ready to do their part to make the year a success. I am proud of the steady advance and progress our profession is making. I

ANNUAL MEETING, PINEHURST, MAY 11 - 12 - 13, 1936

shall not go into the history of dentistry, but it was only a short time ago when we had our first dental college. Today we have the best dental school in the world. Dentistry has made wonderful strides and still there is room for further advancement. There was little science in dentistry as late as the middle of the 18th Century. In the 19th Century it had not advanced very far, as evidenced by the dentist and barbers who went from community to community to extract teeth. In order to continue our advancement, we must raise our standards. From a literary standpoint, how do we compare with teachers, college professors, and other professional men? The teacher with only four years of college training can hardly be placed today. Those with Masters' Degrees, which takes five years to secure, are selected over the four-year man or woman. The larger universities today do not accept law or medical students unless such applicant holds a degree from a standard college. To keep up with the other professions, we must have equal preparations. All professions are raising standards, and I suggest that this society go on record as recommending that the lowest entrance requirements be two years of college training for entrance to all standard dental colleges. This will enable the man to get greater satisfaction from the sciences, histories, and literature of the world, and will put our profession on an equal standing with the others that have consistently raised their standards.

Due to the Socio-Economic situation that exists today, we are confronted with a problem which is going to require much thought and study. It is a situation that should not be taken too lightly. Tennessee has already adopted a plan set up by the American Dental Association, which is a form of Panel Dentistry. At our State meeting at Blowing Rock this year our own State Society went on record as approving the plan. As much as we hate to admit it, we are fast approaching the time when we will have some form of Panel Dentistry in this State. In such case, what do we have to offer? I feel that we should be prepared to meet the situation, or be prepared to combat it. In order to combat Panel Dentistry, we must build up our membership to a place that there will be so few men practicing dentistry who do not belong to the dental society that the society can successfully control the situation through its strength. If this is not done, then we should have something to offer that will supplement the panel, thereby keeping it under the control of the profession.

This society has a Membership Committee, and I feel that this committee should exert every effort to bring into the society those eligible practitioners residing in the District. A list of the nonmembers will be furnished the District Secretaries by the State Secretary-Treasurer. A copy of this list should be furnished every member of the Membership Committee. The Committee should appeal to every nonmember on this list, by letter, and then follow up with a personal appeal until the invitation has either been accepted or definitely rejected. These men should be shown why it is their duty to support the organization which protects the profession that they practice, as well as why the organization needs their coöperation and support. We as an organization must have strength and stand solidly for the promotion of the best principals for the dental profession.

The Ethics Committee of the North Carolina Dental Society is putting forth every effort to control the ethics of the profession in this State, but there are no doubt many cases that this committee does not know of, because those who practice near the unethical man do not feel it their duty to report the case. When I refer to the unethical man, I do not necessarily mean the advertiser. We have some men whose names are never in print that are as much a detri-

ment to dentistry as the rankest advertiser. In this connection it seems that it would be well for the District Society to have an Ethics Committee, to work in harmony with the Ethics Committee of the State organization and report such cases as it deems necessary.

I therefore make the following recommendations:

1. That the incoming president appoint a Socio-Economic Committee of at least three members, to study the Socio-Economic Situation in the District and report their opinion to a member of the Socio-Economics Committee of the North Carolina Dental Society.

2. That an Ethics Committee be appointed, to work in harmony with the Ethics Committee of the North Carolina Dental Society, and report all cases in the District.

3. That the Membership Committee put forth every effort, soliciting the assistance of any member of the Society, to bring into the Society every ethical practitioner in the District.

As I find my term of office ending, I see much to be accomplished in the organization, yet the responsibility of this office will fall on worthy and more capable shoulders, and to my successor, at this time, I wish to pledge my wholehearted support. No one will more cheerfully render our new president and the Second District Dental Society such assistance as is within his power than I.

I wish at this time to thank all officers, committees, and others who have so earnestly helped to make this meeting a success. I especially wish to express my appreciation to the Program Committee, Advertising Committee, and our secretary-treasurer for their splendid work this year. They have worked hard and faithfully in preparing a program, and we can show our appreciation of their efforts in no better way than to be present when the time comes for the lectures and clinics to begin. I have not words to express my gratitude for their unflinching help and encouragement.

In conclusion I wish to say, I hope I may prove the sincerity of my appreciation for the honor you conferred on me when you elected me your president by ever rendering to this society my best service.

I thank you.

F. O. ALFORD.

THIRD DISTRICT

Before entering on subject requested of me, that of membership campaign in Third District, I want to call attention to what, in my opinion, is one of the problems confronting organized dentistry today. I hope it will make you feel as I do and help us to realize the very great necessity of having a large per cent of practicing dentists as members of our organization.

The question I have in mind is: "The Dental Institute of America." I would call your attention to first article in November issue of the "Dental Craftsman" on this subject, author not given. The membership of this organization is being made up of dentists, laboratory and supply men united in one big family. Since about twenty-five thousand dentists in United States are not members of organized dentistry, they are to be enlisted. It is hoped to make the organization one hundred thousand strong, not to supersede the A. D. A., but to do for the profession what A. D. A. is not set up to do.

The purpose of the organization is a General Educational Campaign to the public. One of their major problems is to educate us dentists on the value of dental work so that we will take care of our dental needs and that of our

families, thus the laboratories and allied trades are willing to assist in getting us out of our deplorable condition. The funds for organization purposes are being raised by selling one dollar memberships. Good business counsel recommends a fund of at least five million a year to put dentistry on a firm foundation. To raise this money, the laboratories and allied trades, since they profit by the movement, are to pay an amount equal to five per cent on gross sales. This five per cent to be passed on to the dentist, and the dentist kicking on this, remind them that the amount is figured on their purchases and not on their sales, so it is doubtful if amount passed on to dentists will be more than one and one-half per cent of his gross sales. The financial details and percentages necessary for dentists to pay will be worked out by the A. D. T. A. and the laboratories. I don't know just how soon we in North Carolina will be confronted with this thing on a large scale. They are already testing it out in four states: Wisconsin, Illinois, Indiana, and Michigan, using these as proving ground. How any dentist would line up with an organization of this kind is beyond me. I think most of you will agree that the public is getting fed up on this educational or paid advertising. The education of the public in dental health should by all means be done by the dentists. Question: Aren't we paying laboratories and supply houses enough money without financing an educational campaign that will be of questionable value to ethical dentists?

E. M. MEDLIN, *President.*

Third District.

MEMBERSHIP DRIVE IN THIRD DISTRICT

Campaign for additional members in Third District is progressing very nicely. Our membership committee consists of eight men, chosen for their ability and willingness to work; however, every active member should consider himself an unofficial member of this committee. Where one man might fail in influencing a nonmember to join, another would succeed. Any dentist inducing a nonmember to join organized dentistry is doing him a great favor. It is one thing you get so much more out of than you put into it. The Dental Society needs these men and they need the society. In these days when so many vital issues confront the dental profession, we need to present a solid front to meet and solve them. When the greater majority of practicing dentists in the United States are banded together in our Dental Societies, regardless of the issue, we will be in the driver's seat. Dental Problems Solved by Dentists.

E. M. MEDLIN, *President.*

Third District.

The president of the Third District will be "Medlin" in the affairs of the society for the coming year. Charlie Wheeler captured first prize for catching the largest fish in the city lake during the year, but his brother John, so conscientious and a man who believes in adhering to the letter of the law, has been called the best sportsman in this neck of the woods. The writer was sitting in a goose blind about 500 yards from one occupied by John down on Albemarle Sound. He lacked only one goose having his bag limit when 24 geese came to his blind, where he had two guns loaded. He fired once and killed one bird, called in his guide and went to camp. When I arrived later without any game I congratulated him on his good sportsmanship. He said, "You saw that white boat offshore, well that was the game warden's, and he knew how many birds I had."

Ralph Wilkins shot a loon and thinking it was a goose invited some friends to dine with him, but when Pat saw the bird the dinner was called off. I wonder if Pat and Jack Frost can differentiate between a goose and a swan. Ask them about this next time you see them.

N. Sheffield is getting along nicely with his organ. Henry Edwards has a modern camp down near the coast. Even the little out-house being "Air Conditioned."

Bob Underwood shoots the biggest load of any one in the District. Last week he was hunting on Mattamuskeet Lake with some friends when his gun kicked him out of the blind, face forward. An odd way to fall. Bob climbed back into the blind and said, "Too much load."

J. S. Spurgeon showed the boys of this district how golf should be played last month in Durham. But it took Runt Murray to show how to get the most exercise out of one 18-hole round.

I notice our boys have a new way of rolling the "Bones." Shaking them in a glass tumbler before throwing them, just to destroy some fine point of technique, I imagine.

John Swaim wants someone to explain the joke told by Daniels at the banquet in Burlington about four years ago.

Dr. Troxler was found early one morning last summer during our State meeting at Blowing Rock sitting on the steps of the hotel by a friend, who inquired as to the reason of his being up so early. For ten minutes Troxler was telling what had affected him so. Here is part of what he said. "I know I should not have done it, but I heard voices down the hall from my room that attracted my attention, so I peeped through the keyhole, and what I saw ruined my sleep for the rest of the night." He kept saying in an apologetic manner, "I know I should not have done it." Get him to tell you about it, for it's a good story.

All the boys not mentioned above are progressing nicely, but space will not permit me to tell you of any of their personal affairs.

C. A. GRAHAM,
Secretary-Treasurer, Third District.

As we begin a new year's work we are prone to reminisce for awhile our accomplishments of the old year.

As a whole, our profession has accomplished more in the year 1935 than in any year since the beginning of the depression. First of all, most members of the dental profession have enjoyed a larger practice. Secondly, the State and District Dental Meetings were very successful, not only from a standpoint of fellowship, but also from the practical experience gained from our visiting essayist and clinicians.

The members of our Board of Dental Examiners and fellow coworkers have rendered a fine service in perfecting our dental laws; thereby eliminating the last semblance of unethical advertising, and they should be commended very highly for their conscientious work.

This year we should strive to increase the interest and enthusiasm of all men who are eligible, and have not yet joined the State Dental Society. A 100% membership would mean a great step forward in the dental profession of North Carolina.

One of the most effective ways to accomplish this is to encourage nonmembers to join our local study clubs.

Let's pull together this year in every way possible and try our best to elevate our profession, and in so doing I am sure our progress will be greater than ever before.

DANIEL T. CARR,
Editor, Third District.

FOURTH DISTRICT

Serving as the president of the Fourth District Dental Society of North Carolina for 1936, I feel that I would neither do honor to the society nor would I be fair to the dentists of this district if I did not make this appeal.

We have just added to our record the work of another year, the year 1935; and, may I say, a successful year for our district. Much of our progress may be attributed to the efficient leadership of the president, Dr. G. L. Hooper, of Dunn, N. C., and his appointed coworkers.

Now we are in a new year; what it has in store for us is yet to be found, but let us hope that there is much good. Let us hope, also, that we will make great progress in our field. There are many problems before us; one of which is socialized dentistry. No doubt many other things will arise in the way of new legislations; therefore, it is necessary for all of our profession to join together and stand for the rights of better dentistry.

Dentistry is a profession, not a trade, as many politicians choose to term it. But even we might ask ourselves the question, Do we practice dentistry as a profession or as a trade? Now let us pause long enough to answer this question by looking back over our work and trying to see if our aim has been primarily to make money or to serve our public. Are we as a profession rendering such service to suffering humanity as would do us honor? Are we going just the required "one mile," or do we go to optional "second mile"?

Can we cooperate in an efficient manner by being a delinquent or nonmember of the society? Our secretary informed me that we have a few delinquent members, and this is the reason for your not having received the National Journal. So when our Membership Committee or secretary calls on you, receive him gladly and pay your dues. Let's go to our next State meeting without suspending a single member.

We have quite a number of dentists who are not members at all. This is an age in which no one can live to himself alone; so, nonmembers, come join the rest of us and let's go along together. Delinquent members, pay your dues and help us so we can help you. Then members, delinquents, and nonmembers will be united in one common cause; of course we will succeed.

Our State President, Dr. Z. L. Edwards of Washington, N. C., and his committee are working hard planning the program for the next State meeting at Pinehurst. This meeting, I am sure, will be our best State affair. May I again, with emphasis, say, "Let's get in good standing." Our president-elect, Dr. Pridgen, of Fayetteville, is certainly working hard to get us in line. Fall in line quickly and meet him at Pinehurst and show him that we appreciate his efforts.

J. R. EDWARDS,
President, Fourth District.

Once upon a time long ago there was an old man who used to visit the homes, and on each visit the children would hear the parents say, "Here comes old man Smith, the Church Collector." Old man Smith was really a Steward or an Elder or a Deacon, but he was looked upon as the Church Collector.

Well, the Fourth District held its annual meeting in Raleigh on October 15 and 16. A nice banquet was enjoyed on the night of October 15, at which Dr. Branch's Puppet Show was the outstanding feature. Next day an unusually good program was presented, and at the election of officers I was elected secretary-treasurer, or, in other words, the District Collector.

Here I wish to say that the society desires to keep up the record of each member paying his dues on time. Some still owe the 1935 dues, and, please, those who are behind, pay up so that next June no delinquents will be reported. All have received statements for 1936 dues and many are paying up promptly—some aren't. Please help out and pay up early.

A membership drive will be put on January 1. The secretary has gotten up a list of all ethical nonmembers and each member should help out in this drive. Help the Membership Committee if you are called upon to see someone in your community.

At the June meeting all those not having paid the 1935 dues will be suspended. That will be bad, as it will break the twenty-five consecutive years of membership for some. If you are a member for twenty-five consecutive years, you then become a Life Member with no more dues.

Each year a medal is given to the retiring president, but I think some recognition should be given to those who become Life Members. They are the ones who have stood by year after year.

Don't break the chain, fellows, stick in. Become Life Members. Don't fail to pay up year by year.

EVERETT L. SMITH, *Secretary-Treasurer,*
Fourth District Dental Society.

WHY ORGANIZE?

Man is a great organizer. Thousands are the institutions which he has founded, the societies he has formed. Some of them are good and some are bad. Wherein lies the difference? Those organizations that exist merely to perpetuate themselves and to promote the private interests of individual members soon deteriorate into selfish rackets, whose officers exploit others for their own ends. There is no way to tell how many such organizations our civilization (?) supports. But, on the other hand, there are many groups of society, banded together by altruistic motives, which seek unceasingly to help humanity. Into the fellowship of these we may enter unafraid. Those of us who have for years been critical yet loyal members of dental organizations testify that most of them pass the acid test and may be classed as good.

What of our North Carolina Dental Society? Thirty and more years have I had the honor to be a member of this, one of the best State dental organizations in the Union. Its local, district, and State meetings may be characterized as groups of friends, happy in their search together for knowledge and technique, not alone for themselves, but for all those whom they serve. By social contacts, lectures, papers, and clinics we have been taught and inspired to render to the public better dental and health service than we could possibly have done without this organization. Recall the nationally outstanding men of our profession whom our State Society has brought to us from time to time—men whom otherwise we might never have seen or heard of. And who will forget the wonderful post-graduate course of a few years ago, when we were privileged to sit again at the feet of eminent teachers? This course was made possible by our North Carolina organization, and the State University.

Through organization we maintain one of the best Examining Boards in our country, sponsor dental laws that debar quacks and jacklegs, uphold and preserve the probity and dignity of our profession.

And what of the American Dental Association, of which we are a part? Does its past record, its present status, and its plans for future service entitle it to a prominent place among worthy organizations? For answer, note briefly the National Examining Board; the Relief Fund, that proves such a needed friend to many of our unfortunate members; legislation that, among many other things, has given due recognition to our profession in Army and Navy; the Bureau of Standards, which enables us to get facts about materials without having to trust selling propaganda; the Library and its services; the Research Commission, a group of untiring workers seeking the best for the profession and for humanity, adding so much to our knowledge; *The Journal* providing us with all the information the best minds in our profession can discover. All of this inestimable wealth is ours through organization, and at a nominal price. Just figure what it would cost if each of us should attempt to obtain all of these benefits privately or by individual effort.

Since these things are thus, with so much to gain and nothing to lose—with no other way to secure such values—it is difficult to understand how any ethical member of the profession, even from a selfish standpoint, can afford to remain outside our organizations.

R. M. SQUIRES,

Editor, Fourth District.

ETHICS

(Read before the Fourth District Dental Society in Raleigh on October 16, 1935, by Dr. J. Martin Fleming.)

In presenting this short paper on Dental Ethics, it is not our purpose to go into the full subject in all its details, but rather to call attention to recent changes which have been made, not in the code of Ethics itself, but in the By-Laws governing its interpretation and enforcement.

The By-Laws heretofore have provided that the Ethics Committee should hear charges when presented by any three members over their own signatures, but the committee has had no power to take cognizance of the most glaring violation of our code, unless three men would prefer the charges, and our indifference has allowed many violations to pass unnoticed when they should at least have been investigated, and the offenders punished in some way, if not expelled.

There has been no trouble to get action from the Ethics Committee when charges were brought to their attention. There has been no tendency to whitewash or hush up the charges. They have been patiently heard and the society has in each and every case upheld their verdict.

I can recall at least three expulsions—one in Waynesville in 1905, one in Morehead in 1906, and another in Raleigh in 1925—after a period of nearly twenty years. There may have been others, but the point is that the Ethics Committee has not failed to function when the cases were brought to their attention, nor has the society failed to uphold their findings. But there has been lost motion in our method of presenting these violations to the Ethics Committee.

Under the new amendment to the By-Laws, which was unanimously adopted at Blowing Rock, the committee is given wider powers.

They are not only to hear such cases when presented, but to call attention to any violation they see, and they themselves cite the man to trial. The

amendment reads thus, "In cases where, for one reason or another, charges have not been preferred, and yet there seems to have been a violation of the Code of Ethics, it shall be the duty of the chairman of the Ethics Committee to take the matter up with the president of the society, and, if he concurs, to notify the accused at least ten days before a hearing that some explanation is due the Ethics Committee of the conduct in question.

"Such hearing shall then be had before the full committee, and if his explanation is satisfactory, to drop the matter entirely, or, if it seems to justify a trial, that such trial shall be held during that same meeting of the society, and that the procedure and findings of same shall follow the same rules as laid down for other trials for violation of the Code of Ethics."

It does not mean that the committee is in anywise prejudiced, because they have started the investigation, but it is an earnest attempt to stop certain forms of violation of our code which have become too frequent in the last few years.

The new Dental Law will curb much if not all of the open advertising, but it will not cover other acts of violation of the code, such as plagiarism, free publicity press agents, and many other such violations as we may run upon. Not waiting for someone else to start an action, but to have a real active committee, which strives to prevent such breaks, with a sure knowledge that they who violate will be called to account for such violations.

It will be a campaign of "pitiless publicity" rather than one in which malice is the dominating influence. The great desire is to stop violations rather than to punish for them. Our own State Code of Ethics, under which we have operated since the organization of the society in 1875, contains this one clause which is most often violated, the one relating to advertising, as follows: "It is unprofessional to resort to public advertisements, cards, handbills, posters, or signs calling attention to 'peculiar styles of work,' lowness of prices, special modes of operating, or to claim superiority over neighboring practitioners, to publish reports of cases, or certificates in the public print, to go from house to house to solicit and perform operations, to circulate or recommend nostrums or to perform other similar acts."

Some will immediately say that much of this is out of date, but turn, if you will, to that same clause of the American Society and see how they state the same thing: "Section 2—Advertising—As an inducement to patronage in the practice of dentistry, it is unethical and unprofessional for a dentist to employ, or permit the employment, of handbills, posters, circulars, cards, signs, stereopticon slides, motion pictures, telephone, radio, newspapers, lectures, or any kind of printed or written publications or any other devices for the purpose of:

- "(1) Advertising personal superiority or ability to perform services in a superior manner.
- "(2) Advertising definite fixed fees, which in the nature of the professional service rendered must be variable.
- "(3) Advertising statements that might be calculated to deceive or mislead the public.
- "(4) Advertising any one or more types of dental service, thereby implying either superiority or lower than average fees in these fields.
- "(5) Advertising under the name of a corporation, company, institution, clinic, association parlor, or trade name.
- "(6) Advertising special or allegedly exclusive methods of practice or peculiar styles of service.
- "(7) Advertising reports of cases or the possession of special certificates, diplomas, etc.

"(8) Employing or making use of advertising solicitors, free publicity press agents, radio announcers, entertainers, or lecturers.

"(9) Guaranteeing or warranting operations."

And then this clause: "The fact of promulgation of *any* of the forms of advertising covered in this section shall be held to be satisfactory proof that the dentist named either employed or permitted the employment of the advertising message."

And so you will see there is not so much difference, after all, in the two codes.

We, as members of the American Association, are as much under one code as another. The American is more modern in that it speaks of a press agent, and, as I see it, the press agent advertising is the very worst form. An advertisement on the side of a building in Asheville, to me, is mild to compare with it. His is open and above board and the law in the hands of our Examining Board will eventually get him, you can rest assured of that. But this press agent and reporter advertising is the worst ever—it is insidious, confusing, and misleading, to say the least of it. The reporter only elaborates on what is told him—he has to have his information directly from the individual.

To read his article or write-up you would think the man was the greatest living dentist. George Washington was said to have been "first in war, first in peace, and first in the hearts of his countrymen." Those were the only firsts claimed for him, and George has the advantage of never having told a lie, while the reporter, if he has not lied, has grossly exaggerated the facts in naming the first of our record. And it makes no earthly difference whether it is free or not, it is advertising. You have seen men return from a convention after being appointed on some minor committee and have a big write-up about it, or you have seen them start to a convention and have a long notice of that. *You* would have to give out that information yourself. You would have to tell him what a big man you are while friends all over the State are laughing at what a little man you are and how vain. You would make the public think you were absolutely necessary to the success of the convention, but after you get to the convention, you are about the only man who knows you are there.

That sort of publicity will certainly react against any man, and each time one yields to that sort of thing, it lowers his resistance to a future temptation. It also lowers his morale. And then it lowers the profession in the eyes of the public. The profession is trying to uphold a standard of Ethics that will help all, and those who are guilty of violating it are really befouling their own nest, and they say it is a dirty bird that will do that. One other change makes the committee a committee of five—one from each district, so that all violations shall be more readily known to the local district member.

If our State law is drawn to govern all forms of public advertising, certainly our Code of Ethics has power to govern that within our own ranks, and that is all that the change contemplates.

The most worthy and effective advertising possible, even for a young man, especially with his patients and his brother dentists, is the establishment of a well merited reputation, not only for professional capacity, but for fidelity to his profession, and this comes not from advertising but is the outcome of character and conduct only.

It stands to reason that the great majority of a profession knows what is best for that profession, and I believe this change, when enforced, voices the will of 99 per cent of the members of the State Society. Should that other 1 per cent overrule and bring into shame the other 99 per cent?

It has been said of Senator Borah that he could not enjoy a horseback ride because it requires some coöperation with the horse to make the ride successful. This small minority reminds me of him. They want to ride the profession of dentistry without any coöperation with the profession which supports them, and we are asking that that be not allowed, but that we all come under one rule of professional conduct and adhere to it.

FIFTH DISTRICT

It can be truthfully said that no factor can be greater to the advancement of both a dentist and his patient than our organized meetings.

Here we rub shoulder to shoulder with our fellowmen who have problems similar in every way to our own. Old and new ideas, treatments, etc., are discussed and no one leaves a meeting without the desire to render a better and more satisfactory service to humanity.

Our colleges today give us a good firm foundation for our service structure, but there are many valuable things pertaining to dentistry not so received. It is quite true that years of practice develop our wisdom, yet there are times when most of us would like to be able to exchange our ideas with the other fellow. Our group and district meetings, thanks to Dr. Paul Jones and others who created them, are extremely interesting, instructive, and recreational.

Some time ago a dentist stopped in a town and happened to see an old classmate. Not having been seen at our meetings, he was asked why. He said that he was not a member of the society, that he could buy the *Journal*, *Cosmos*, and other dental literature, that he received one or two free periodicals, and by reading this he could keep up on developments. Also that the talks and clinics were all the same that he had in college a few years ago, and, too, he could use the money in a better way. WE wonder if he does read these periodicals and keep up and whether he has learned it all and can derive no further benefit from clinics and, even if these be true, would he be so selfish as to hold valuable information from those who serve humanity also.

Perhaps the men just out of college are up on the latest, but in a few years, unless they watch out, they will fall in an old rut and stay there. Our system of encouragement of the men who pass the State Board to enter the society is a great aid, for one realizes by attending a few meetings the value of organization. If we wish to find out the value of our A. D. A., there are two articles that might prove interesting: "The More Progressive Activities of the A. D. A." by Dr. Ward (pg. 2185—*Jour. A. D. A.* 1934), and "The Place of the A. D. A. in Dentistry," by Dr. Camalier (pg. 1244—*Jour. A. D. A.* 1935).

At a group meeting in the Fifth District one of our recent graduates told us and gave blackboard diagrams of spot-grinding. To some it presented a new idea, and to those who had it in college, it refreshed our memory on certain points. At another meeting in our district Dr. E. B. Howle's paper . . . on the lower central incisor left an impression on each man present that when attempting another cleaning job it must be done better or as nearly perfect as possible, or the patient referred to someone who would do so.

At our last district meeting, among other things, we were taught to smooth and polish amalgam fillings so that they would retain their luster and doubtless many of us have been trying to place better looking restorations, at least it is to be hoped so. Of course, there are many other things that could be

mentioned, but in passing let me state that the State Board of Health Dental Puppet Show is one of the most interesting things a dentist could see. Dr. Branch and his assistants staged this for us at our Washington meeting, as a feature of the program.

We regret that here in the Fifth District are men in ethical practice who would be valuable assets to our society and who would enjoy great benefits from it. It is our sincere wish to have these men with us at our group, district, and especially State meetings and enjoy the fellowship. Therefore, let us say,

Join with us in making our Fifth District 100 per cent.

W. S. GRIFFIN,
Editor, Fifth District.

Well, here we are with another leaf in the book of time written into our lives, finished and turned over, presenting to us a clean sheet, beckoning to us, challenging us, questioning us, What are you going to write on my page this year? What we have written on this leaf is a closed affair, what we shall write on this new leaf is up to us. There are those in our dental society who have not only in the past year but in the past years worked hard and sacrificed much of their time in order that dentistry might occupy an enviable place alongside any of the professions. When we think upon these things it makes us proud of them, proud of our profession, and it should make us willing to go out of our offices and work and do anything to prevent a weak link from developing in her chain of service to mankind.

When we pause and retrospect a little, we can't help but be mindful of the sacrificial work of those who were and are the pillars and foundation of our great society, and because of their courage, loyalty, and integrity it is our privilege to enjoy advantages and opportunities to practice our vocation today on a lofty plane such as our pioneers barely dreamed. When we review the great work of these men, it is a challenge to us as we face the new year to make every effort to emulate their lofty deeds, and they should move us all to seek to do our best to not only maintain their ideals, but to work to lift the plan of our service to mankind onward and upward.

There is so much to be gained by being a part of, a member of the dental society that it is very difficult for me to understand how it is that any young man, or old man either, in the practice of dentistry can satisfy himself that it is not infinitely better for him, even from the selfish standpoint, to align himself with the dental society. Unless he is exceptionally capable, and is endowed with the qualities necessary to practice his profession on an exceptionally high plane, he will obtain and derive infinitely more benefits from his contacts with the society membership than he can possibly for the life of him give to the society.

When I think of some of these men who are willing to work their backs in a semi-loop, and their heads until they are slick as a doorknob, and use up all of their virility until they become prematurely senile all for the sake of dentistry, I think of our beloved Secretary of the State Board. Some time ago he came away down from Raleigh to Ahoskie to attend one of our group meetings, where we enjoyed the fine hospitality of our good brothers, the Powell boys. You all know them. Dr. C. G. is the watermelon king. Well, Dr. Howle read us that tragic story about the mandibular central incisor. You all have heard it, I am sure. If you haven't, you ought to have it in

your library. It was certainly fine, and all of us down here enjoyed it, but I have often wondered if Dr. Gene had any idea what reading the story of that little central would do for the little central of a young dentist in his audience. After returning to Greenville the tragic story of that little central so obsessed Alfred that his little central began to kick up. After plying all the art and skill within his power to quiet the discomfort of that little central without success, he sought the advice and counsel of B. McK. Johnson. B. McK. told him it was impossible for him to undo what Alfred's art and skill had done. So, after a few days, the little central become so uncomfortable for its host that it was necessary for the two to be separated, never the twain to meet again. So, the next job for Schultzzy was to get rid of the little central. Well, after scanning the list of the elite exodontists of the country it was decided we had one among that number right here in our midst, so Paul Fitzgerald was selected to do the surgery. After much and many consultations, a general anæsthetic was decided upon, Alfred was duly anæsthetized, the little central was dexterously removed from its angry socket, and Alfred's recovery was uneventful. The achievements of the China Clipper or the doings of Il Duce were minor news here as compared to the doings of the little central. It surely made its presence felt, but all is quiet on the battle front now.

And as I was going to say, it behooves us all to align ourselves with the North Carolina Dental Society, put our shoulders together, and work for all we are worth for promoting the best interest for the profession of which we are so proud. This, and nothing short of this, is all we can afford to do, if we are to prove true to the courage and ideals set forth by our pioneers.

M. B. MASSEY,

President, Fifth District.

As the January Bulletin will be a membership issue and shall be sent to both members of the society as well as to nonmembers, it seems proper that the members of the society should endeavor to express the benefits they have derived from it.

The first and to my belief the most important object of the society is the fellowship one obtains from being an active member. I am still considering myself one of the younger members and had it not been for the society the possibility is that I should never have known such fine men as, for example: Dr. J. Martin Fleming of Raleigh, Dr. J. S. Spurgeon, Hillsboro, Dr. J. S. Betts, Greensboro, and literally hundreds of others. In our district it is my belief that every man is able to call every other man by name.

Another great benefit is certainly the American Dental Journal. If one studies as he should the issues of the Journal, he would keep himself professionally fit to give the public the best humanly possible in dentistry.

Being a member of the society, you are privileged to borrow numerous dental books and information of all kinds from the library maintained by the American Dental Association.

Let us not forget the wonderful help the Council on Dental Therapeutics is doing for us.

In our State we have recently been able to strengthen our dental laws, both for the good of the public as well as the profession.

There are many other reasons why one in the profession should belong to the society.

It shocks me to believe there can be anyone who has his profession at heart that doesn't come over to organized dentistry, as no doubt in the future it will mean more than it has in the past.

To the nonmembers in this district, we, to the man, invite you to join our society and reap the benefits with us.

A. T. JENNETTE,

Secretary-Treasurer, Fifth District.

(Read before the Fifth District Dental Society at Washington, N. C., October 21, 1935, by Dr. Paul Fitzgerald.)

In our District work we have come to the end of another year. I have said the end; I wish to correct myself and say, we have come to the beginning of another year. Somehow it has always given me more pleasure to look to the future than to review the past. First, I wish to thank the officers of the district for their loyal efforts and their wonderful response and coöperation in the interest of the society. I wish especially to commend the officers of the various groups and compliment them on the splendid group meetings held throughout the district during the past year.

Special mention and thanks are due the Program Committee and the Beaufort County Dental Society for this program and the entertainment provided for the members and visitors.

Gentlemen, during my four years of service as an officer of this society it has been my chief aim and desire for our district to have a complete organization; an organization so perfect that when problems arise which can affect dentistry, we may at all times present a united front. There are continually coming before us changes, questions, and prospective plans, some of which, if not handled properly, might alter the entire status of our profession.

At the present time we are confronted by a plan of the Federal Government whereby the Government proposes to spend millions of dollars for health purposes. In order for us to participate in this program, it has been necessary to classify some five hundred and eighty dentists in North Carolina as indigents. In this connection, I wish to say that the profession of dentistry in North Carolina has never asked for federal aid nor a dole. I might add that the dentists of North Carolina do not desire to surrender their independence, nor exchange the control of their professional rights for any mess of pottage which the Government or any group of politicians can offer us.

The different states are arranging plans for the disbursement of these Government funds, and some of the states, if the plan matures, may succeed in introducing in dentistry in those states a form of racket and bringing to the forefront the worst traits of the members of the profession. This matter has been given serious consideration by our society, and we propose, if the plan matures, to place the funds with the North Carolina State Board of Health and let the spending of the money be under the supervision of the Department of Oral Hygiene.

Gentlemen, this is what I mean by organization! Have your organization so complete that we may anticipate the pitfalls and make plans whereby we can meet emergencies as they arise. Now, in order to do this, we must use care in the selection of our officers and leaders. In electing officers of our districts and our State Society, we should pick men of ability, men who are not only loyal and willing to work and sacrifice, but we must see to it that we get the best minds in the profession, men who think, and then elevate them to leadership,

so that the profession of dentistry may always be controlled by dentists and not by cheap politicians who know nothing and care less than nothing for the ideals we have striven to uphold.

Realizing that it is imperative that we keep abreast of the times, I wish to recommend that a committee be appointed to coöperate with the other districts and the North Carolina Dental Society in an effort to secure an Extension Course for 1936.

I would recommend that we institute an active campaign to secure as members those men practicing in the district who would make acceptable members of our State and district societies.

I have seen my predecessors stand before you as I do today; I have heard them say: I am grateful to you for the honor bestowed upon me. Listening to them, I did not know what they meant. Now, I realize they meant to say, Gentlemen, I wish I might find words with which to thank you for conferring on me the greatest honor in your power as a body to give to any man. I have heard them say, "This has been a most pleasant year," and I know they meant: Fellows, all year my heart has been glad because of this mark of confidence and respect. I wish that I could tell every man within the sound of my voice how much I love him.

And now, as my predecessors have said to you, I wish to say, I am grateful for the honor you have bestowed upon me, this has been a most pleasant year and will remain with me a splendid memory.

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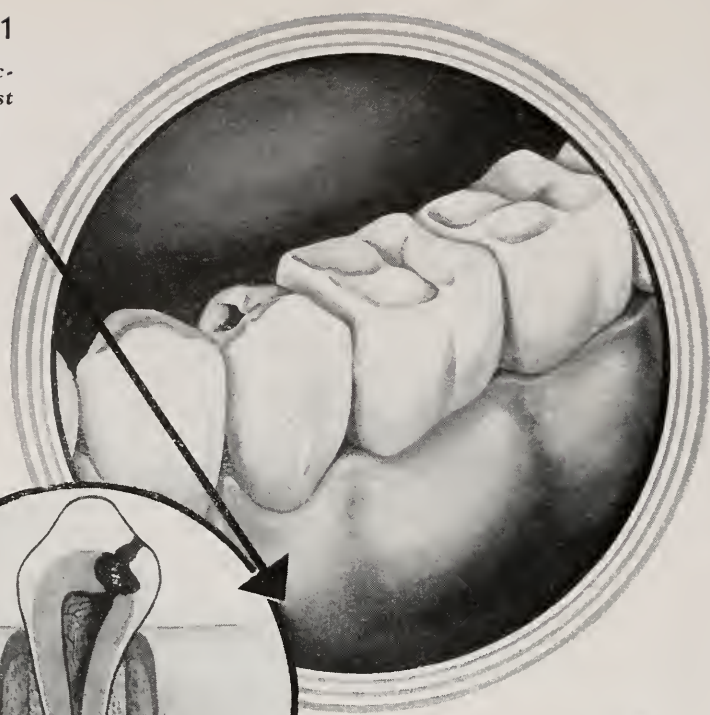
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OF
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Dental Society



OFFICIAL PROGRAM
OF THE
SIXTY-SECOND ANNUAL MEETING
AT THE
CAROLINA HOTEL
PINEHURST, NORTH CAROLINA
MAY 11, 12, 13, 1936

Vol. 19

APRIL, 1936
RALEIGH, N. C.

No. 4

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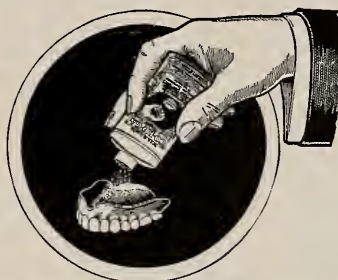


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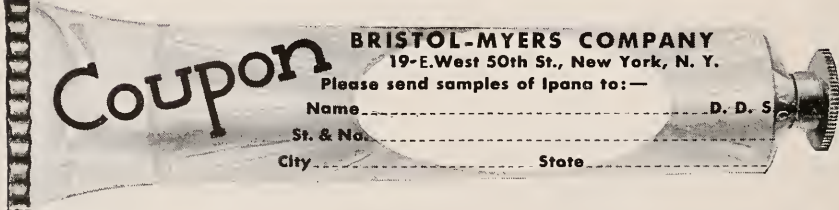




Figure 1 Preparation for veneer. Labial shoulder extends from mesial to distal.

Figure 2 Baked porcelain facing with platinum pins. Fits against gold and comes flush with shoulder on natural tooth.

Figure 3 Cast crown. Ready for cementing of facing.

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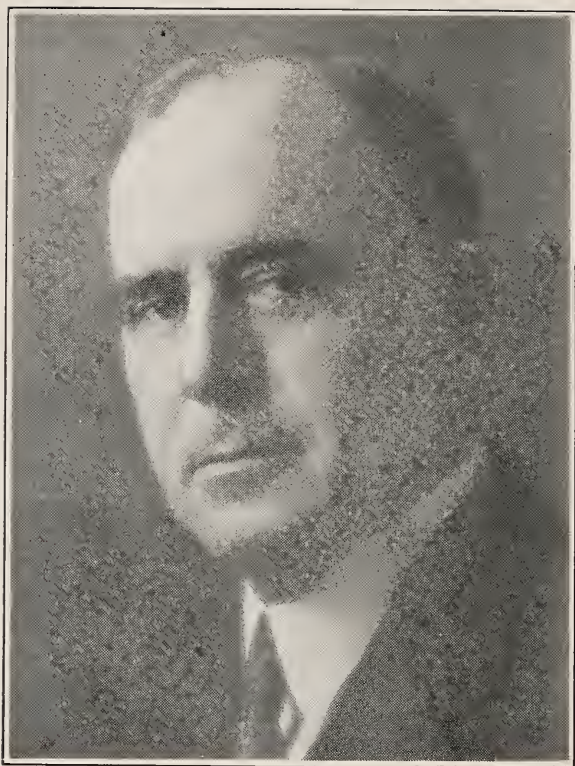
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TO

DR. W. M. ROBEY

*Whose ideals of service reach beyond the walls of
his practice and have consistently led him to
contribute to the advancement of his
profession*

THE BULLETIN

....of....

THE NORTH CAROLINA DENTAL SOCIETY

VOL. 19

APRIL, 1936

No. 4

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OFFICERS, 1935-36

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DR. G. FRED HALE	Raleigh
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A HISTORY OF NORTH CAROLINA DENTISTRY

From several sources there has come the suggestion that we commission one of our number to write a history of the North Carolina Dental Society. It seems to me quite an appropriate thought. Patrick Henry said, "I have but one lamp by which my feet are guided, and that is the lamp of experience. I know of no way of judging the future but by the past." If we can know something about the course traveled by the North Carolina Dental Society during the sixty-two years of its existence, we can more intelligently chart the voyage ahead. In addition, what could be more delightful than to read of the hopes and aspirations which the pioneers had for organized dentistry. That you and I live and work under a splendid Code of Ethics, as old as organized dentistry in our State; that we have reasonable legislation designed for the protection of the public and the advancement of dental service; that we have an organization whose intent and purpose are twofold—scientific advancement and cultivation of good will; these blessings are not just by accident—they are the fruits of efforts, and ideas and dreams of those who loved mankind.

If we wait too long we cannot have a record of the experiences and observations of those best qualified to bring up to date a story of our State Society and the preceding years. There are now in our midst some members whose memory reaches back into the childhood, if not infancy, of our State Society, who have kept accurate records and who

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are endowed with the ability to gather facts not in their possession. Today we have the opportunity—in a few years it will be too late.

This proposal merits the consideration of the House of Delegates at our State Meeting.

FIVE PERTINENT DECLARATIONS

The United States Supreme Court made five pertinent declarations in the Oregon Case: (1) Dentistry is a profession and not a trade. (2) Professional standards must be protected from demoralization. (3) Dentistry is not a profession in which unseemly rivalry may be tolerated. (4) Ethics is an expression of experts as to the necessity for certain standards. (5) State legislatures have the right to enforce these standards on those who will not voluntarily observe them. . . . *Reprinted from the Journal of the Kansas State Dental Association.*

* * *

Everything we can do for our profession falls far short of paying the debt we honestly owe to it.

—EDMUND NOYES.

* * *

Certainly, it is heaven upon earth to have a man's mind move in charity, rest in providence, and turn upon the poles of truth.

—BACON.

* * *

Scandal breeds hatred; hatred begets division; division makes faction; and faction brings ruin.

—QUARLES.

SOLVING THE DENTAL LITERATURE PROBLEM

It is our understanding that the supply houses serving the State of New Jersey and those serving the State of Florida have given up the sponsorship of the Oral Hygiene and Dental Survey Magazines. This is a splendid example of coöperation. It is the idea to develop strong State Dental Society Periodicals to supplant these throw-away magazines. Such an avenue of approach to the dental literature problem extends the boundary of good will and is bound to work for the greater benefit to all parties concerned.

SPECIAL REQUEST

Our State Secretary is very anxious to secure copies of our State Proceedings for the years 1923, 1924, 1925, 1926, and 1930. Please look around your office and if you can find any of these Proceedings, please mail to Dr. Frank O. Alford, Charlotte, N. C.

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THE ONUS OF PROOF

We quote from an expression of Dr. Albert Einstein which appeared in the *New York Times*, February 8, 1936:

"It is certainly proper to keep the public informed about scientific concepts on which a certain degree of conclusiveness has already been attained. On the other hand, I regard it as harmful when problems that have not as yet been sufficiently cleared up are reported in a mysterious and obscure manner."

In this connection, may we call attention to the much heralded desensitizer and the blatant publicity given thereto. The burden of proof is on the individual dentist—and what a load to carry.

PUBLIC HEALTH DENTISTRY AT THE UNIVERSITY OF NORTH CAROLINA

The School of Public Health of the University of North Carolina is announcing a course in Public Health Dentistry. This is, so far as we know, the only institution in the United States or abroad offering a course of this kind.

However, this is as it should be, for the State Board of Health of North Carolina was the first board of health to put dentistry in a Public Health Program, and was the first to have a Division of Oral Hygiene, directed by a dentist and accorded all the rights and privileges of its other divisions. North Carolina has a Dental Member on the State Board of Health, and is the only State which has a law placing a dentist on each County Board of Health.

Realizing the need for special training in this work, the School of Public Health at the University of North Carolina has made provision for a twelve weeks' course in Public Health Dentistry, to be conducted as follows:

1. Six weeks' didactic course, including the following subjects:

- a. Public Health Administration.
- b. Communicable Diseases.
- c. Sanitation.
- d. Public Health Laboratory.
- e. Visual Education.
- f. Public Speaking.
- g. Child Psychology.
- h. Pedagogy.

2. Six weeks' field training in methods and practice in Children's Dentistry.

It is expected that this School will attract dentists from all over the country for this special training in Public Health Dentistry.

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PINEHURST IN NORTH CAROLINA

Climatically, Pinehurst can be called a New England autumn repeating itself in the winter. Pinehurst is situated just far enough from the ocean to escape its fog and dampness, just far enough from the mountains to escape their cold winds, just far enough north to escape the enervating influences of the hot winter further south, just far enough south to escape the bleakness of the northern winter. In brief, it is a fall, winter, and spring resort, meeting a need similar to the summer resort.

Pinehurst began in June, 1895, with the driving of a pine stake into the ground. The stake was to be the center of the town. Here, Mr. James W. Tufts, of Boston, purchased 6,000 acres of land and began to make a town, "a place for men and women to flee from cold, weariness, and worry, to spend the time by resting in the invigorating air and sunshine, or to pass the time with outdoor activity."

The region is one of gently rolling sand hills, abundant with long-leaf pines and abundantly watered pure springs. The presence of the sand in this region is a mystery—but with various theories of explanation. The most likely one is that the sand hills were, hundreds of years ago, a huge beach of the Atlantic Ocean, which receded in time to its present coast. The sand is from ten to ninety feet deep, making mud an impossibility; rain leaves no standing pools; the water disappears in the porous soil rapidly. The long-leaf pine is one of nature's best healers—authorities state that not a single case of pulmonary consump-

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tion has ever been known here. Pinehurst is situated 650 feet above sea level. The average temperature during the season is 53.4 degrees.

In 1897, the first golf course in this region was laid out after the style of the courses at the famous St. Andrews in Edinburgh, Scotland. Now, in 1936, there are seven superb golf courses within a radius of three miles.

Since 1895, when Pinehurst was founded, it has progressed along an ideal and unity of purpose, which is a distinction standing out from other resorts. As may be imagined, the realization of such an ideal has attracted an especially congenial and sport-loving group of visitors both to Pinehurst hotels and cottages. Early in 1900 Pinehurst was boasting of a total of 50 cottages. Now there are over 200 cottages and estates of winter residents alone. Men of wealth and culture have purchased country estates where they combine the pleasures of Pinehurst with the interests of country life and concerns of their own—some large, some small, these homes add beauty and charm to the Sandhill section.

The village of Pinehurst was well planned, making its present physical beauty a reflection of the friendly, congenial atmosphere which the visitor, casual or otherwise, notes. Its rambling thoroughfares, beautifully studded with evergreen flowering shrubs and dotted with parks and open spaces, are designed to avoid the appearance of a city. Pinehurst is exclusively residential, though of course there is a village center with a bank, theatre, stores, a public library, and all other similar establishments.

To the members of the North Carolina State Dental Association:

A great man has truly said: "The world belongs to the energetic." The progress of our profession and of the American Dental Association has resulted from energy being capably employed in experimentation and the development of new ideas.

Because our record shows steady and uniform progress, we cannot assume that it will continue, unless we make earnest effort. We must be open-minded to original ideas and foster independent research. We must encourage experimentation, while realizing that every new technique will not be workable. We must be sympathetic to new ideas, while realizing that the value of many will be but remote.

Our organization is a means of uniting individual effort, and union is necessary if we are to profit and progress. All men do not think along the same lines. Original thinking may lead to important discoveries. New ideas, put in the crucible of constructive criticism, sometimes prove to be of great value. Thoughtful, resourceful men may originate something which enables them and the profession to make important advancement.

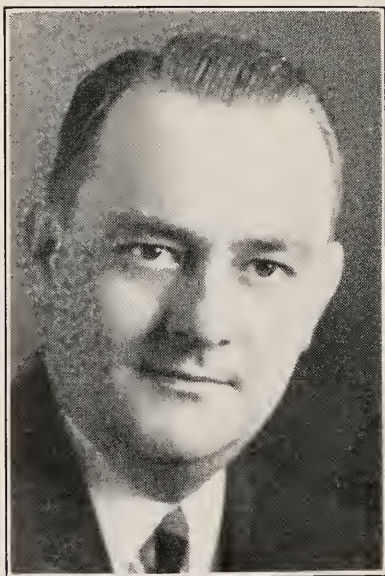
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DR. Z. L. EDWARDS
President



DR. D. L. PRIDGEN
President-Elect



DR. FRANK O. ALFORD
Secretary-Treasurer

We must not be content with the ever-faithful—with the veterans who have borne the heat and burden of the day. While recognizing the importance of their service, we must broaden our vision to include those joining the ranks, welcoming them gladly so that our numbers may ever increase.

In view of the great effort being made to anticipate, direct, or check legislative action, and the many schemes—altruistic, socialistic, or co-operative—being bruited about, it is important that we have a corps of willing workers. To render effective service, they must be trained, officered, and advised by seasoned, capable, and experienced leaders.

There is no time for lethargy. Programs must be developed for local organizations that will retain or revive interest. A multitude of new ideas are in the air. Some endanger our future. There is much to give thought to, much to discuss, much that is new to welcome in part or in whole, and much to avoid or reject.

We must work without ceasing to maintain our *esprit de corps*. Men of originality are needed for scientific research. However, for the American Dental Association to continue to function and serve the profession to the utmost, we need many plain, every-day working men. They are the foundation of our organization, which numbers forty thousand. The American Dental Association has an intricate network of branches, functioning with machine-like rhythm. Its welfare and betterment depend upon new individuals and new ideas being incorporated into it daily.

Many who are now outside the organization belong within it. For them to join the American Dental Association is important to the profession, and will be the means of their gaining contact with the latest thought and the results of the latest experimentation. Adding them to our group will help to assure us an active, vigorous, vibrant organization. For all to profit, we must have the coöperation of all. Each officer and member must do his utmost to increase our enrollment. We must not rest until every ethical dentist is an active member of local, state, and national organizations.

Sincerely yours,

GEORGE B. WINTER, *President,*
American Dental Association.

NEW PUBLIC HEALTH DEPARTMENT AT STATE UNIVERSITY

The most important development in public health circles in many years for this section of the South is the establishment at Chapel Hill of a department of public health in connection with the School of Medicine, and the selection of Dr. Milton J. Rosenau as its director. This development has been made possible by the coördination of the staffs and the facilities of the North Caro-

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lina State Board of Health and the schools of medicine and engineering of the University of North Carolina.

The new department, while an integral part of the University School of Medicine with Dr. C. S. Mangum, Dean, will be under the personal direction of Dr. Rosenau. Dr. Rosenau is generally regarded as America's foremost authority on public health. His books on preventive medicine are used everywhere as standard textbooks in all schools of public health. Until his retirement recently from that faculty he had been head of the famous Harvard School of Public Health for many years.

For a long time the officials of the State Board of Health have worked hard to secure the establishment of such a school. The necessity for it has been apparent to all responsible health workers. The chief credit for success in launching the enterprise should go to Dr. Charles S. Mangum, Dean of the University Medical School, and to Dr. Carl V. Reynolds, State Health Officer. Both of these officials have worked hard and coöperated with each other in overcoming all difficulties in the way of the establishment of the new department.

In the opinion of Drs. Mangum and Reynolds, the development was in part made possible by the success of the course put on in the school year of 1934 and 1935 at the University under the auspices of the School of Public Administration. The first course put on with the teaching aid of the Schools of Medicine and Engineering of the University and members of the staff of the State Board of Health comprised a course of instruction for physicians in public health administration and extended over a period of twelve weeks. The work was so excellently done that they received recognition from the United States Public Health Service which assigned several of its applicants for post-graduate work to take the second course.

We hope and believe that this enterprise under Dr. Rosenau's direction will expand into one of the most important departments of public health education in the entire country. The need for special training for physicians who want to enter public health work is great. Efficient public health departments, national, state, and local, in modern conditions of living, are an absolute necessity. There are large numbers of young physicians who with proper postgraduate training could make excellent health officers.

The success of the new department at Chapel Hill will go a long way toward establishing an efficient system of public health work on a sound basis throughout the entire southeastern section of the country.—*Reprinted from March, 1936, Health Bulletin, North Carolina State Board of Health.*

ATTENDANCE

As I see it, our 1936 meeting at Pinehurst should prove to be one of the best in the history of the society. The excellence of the program, the ideal time of the year, and the central location, with its many natural attractions, have all combined in holding out to us the most enticing appeal. Yes, even the economic conditions are much improved. So what else can we do, but go.

During the past few months, our district membership committees have been working on the eligible nonmembers throughout the State; and although it is not possible to present figures at this time, I think I can

ATTEND YOUR STATE MEETING AT PINEHURST

confidently say that as a result of their labors, many new members will be enrolled. Let us see that especially these new men attend our meeting. We want not only their names on our roster, but their presence at our meetings. For neither they, nor we, can benefit from their membership, except that they participate in our meetings. Too, that is the surest way of keeping them as members. The attending member never drops his membership.

Some of these new members may be in your community, or you may have others who have not been in the habit of attending our meetings regularly. In either case, may I suggest to you "regulars" that you see that these men receive a special personal invitation from you to attend the Pinehurst meeting. And better still, if you have room, bring one or more along with you. It's a mighty good way to find out how "swell a guy" the other fellow is.

D. L. PRIDGEN, *Chairman,*
Membership Committee.

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH: AMERICAN DIVISION

ON THE MEETING FOR ADVANCEMENT OF DENTAL SCIENCE:
ST. LOUIS, JANUARY 4, 1936

The American Association for the Advancement of Science bears to "organized science in America" a relation analogous to that of the American Dental Association to "organized dentistry in America."

The American Division of the International Association for Dental Research was recently made an *affiliate* of the A. A. A. S., with an elective representative in the Council. No other dental body had previously been given this recognition, although beginning in 1931 the American College of Dentists, the American Association of Dental Schools, and the American Dental Association had successively been admitted to the relation of *associate*; and they also will doubtless soon be made affiliates. These four dental bodies now constitute the subsection of Dentistry in the A. A. A. S. Dr. T. J. Hill, Dental School, Western Reserve University, is the representative in the Council.

The dental meeting in St. Louis, on January 4, 1936, is briefly described on the enclosed copy of the brief and matter-of-fact official report for *Science*—prepared at the request of the Secretary of the A. A. A. S. Editors of nonproprietary journals may draw upon it freely for any public use they may individually wish to make of it after February 1. A copy of the program is enclosed for your further information.

ATTEND YOUR STATE MEETING AT PINEHURST

Please note the fact that the meeting was *historic* not only because it initiated *intimate* relations between dentistry and the "family of the sciences," but also because, for the first time in dental history, four national bodies coöperated closely and effectively for the advancement of dental research.

The meeting was preëminently successful; was equal to the best in any field of science; and deserves special mention because of its constructive spiritual influence, present and future, within dentistry—and upon lay respect for and appreciation of dentistry. *The soul of dentistry is marching on!*

WILLIAM J. GIES, *Secretary, American Division,*
International Association for Dental Research.

632 West 168 St.,
New York City,
January 13, 1936.

PRESIDENT'S PAGE

I have just received a copy of the completed program for the next annual convention, to be held at Pinehurst, May 11, 12, and 13. In all modesty and with a desire to give all of the credit to the efforts of the Program Committee and the coöperation of interested members, I believe it to be one of the most interesting and instructive programs ever arranged for the benefit of the membership of our society. More of our own members than usual have accepted invitations to appear on our program as clinicians.

These men are working diligently on their individual clinics and, as a result of their efforts and study, will be able to contribute something constructive to our knowledge of dentistry regardless of our individual technique or operative procedures.

The visiting speakers and clinicians are men of national reputation and with a background of scientific training and practical experience. Their success as teachers, authors, research workers, and practitioners justify the opinion that our knowledge of the science of dentistry will be greatly replenished by attending their lectures and clinics. The committee has endeavored to arrange a program of a sufficient variety of interesting subjects for discussion and a series of clinics with demonstrations of prosthetic and operating technique that will be of interest to everyone attending this meeting.

In order to get the most out of these meetings, it will be necessary to attend each session on time. As your presiding officer at our next annual convention, will be my desire and aim to open and close our various sessions as nearly on time as possible. Each speaker should

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have his allotted time and no more. In order to be fair with the membership as well as to the speakers, this rule should be observed. I urgently request the assistance and coöperation of the membership in my endeavors to keep our meeting on scheduled time.

Z. L. EDWARDS, *President,*
North Carolina Dental Society.

SECRETARY'S PAGE

Once again the North Carolina Dental Society offers for the approval of the organized profession in the State a meeting which we believe will equal, if not surpass, any meeting we have ever had. In the pages that make up this Bulletin will be found an outline of the scientific program and social activities that are an official part of the meeting. From this outline, you can see that much time and thought has been spent in building a program which will be both instructive and entertaining. It represents some of the most outstanding men in dentistry. These men are not only outstanding in their respective fields, but are especially qualified as teachers, so take advantage of this wonderful opportunity to broaden your knowledge and improve your technique. The Table Clinics this year promise to be exceptionally fine. Everyone should visit and spend the full time with them, for no doubt there will be many easier ways of practice demonstrated, which now seem difficult, both at the chair and in the laboratory.

VISIT THE EXHIBITS

The exhibitors at this meeting have paid for exhibit space, which brings to us a revenue that enables us to have a better meeting. Our membership does not seem to fully appreciate this fact, as the attendance at the commercial exhibits is far below what it should be. The exhibitors go to a considerable expense to put on these exhibits, in hope to make contacts with our members, so we should show our appreciation of their coöperation, not only by every member visiting and registering at each booth, but also by placing an order for what we may need. If we do not place an order, it costs nothing to visit and register at the booths, so the officials of the State Society insist that you do it. Don't forget this when you come to the meeting. We will want these exhibitors back with us next year and your attendance at the booths will probably determine their return.

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DR. GUY R. HARRISON

of Richmond, Va., who appears on the program on Wednesday morning at 9:30.



DR. JOHN H. HAMILTON

of the State Board of Health, who appears on the program on Wednesday morning at 10:30.



DR. GEORGE B. WINTER

President of the American Dental Association, who appears on the program on Monday morning at 11:00 o'clock.



DR. C. J. CARABALLO

Trustee, Fifth District, A. D. A., who appears on the program on Monday evening at 9:30 o'clock.

Scientifically and socially, the 62d meeting of the North Carolina Dental Society will easily be the peer of any of its preceding meetings. The major part of our work is completed. The success of this program depends on your presence, so be there and insist on the other members in your district or locality doing likewise. Let us all strive to make this outstanding among successful North Carolina meetings.

FRANK O. ALFORD,
Secretary-Treasurer.

KEEPING UP WITH OUR FRIENDS

The friends of Dr. W. F. Mustian, of Norlina-Warrenton, join in a happy chorus of congratulations on receipt of the announcement of his marriage to Miss Lucille Ann Turpin, of New Orleans, Louisiana, on February 24, 1936. Our best wishes to Dr. and Mrs. Mustian!

Our sympathy to Dr. I. H. Hoyle, of Henderson, in the recent loss of his brother, Mr. Starkey Hoyle, of Zebulon.

Our sympathy to Dr. J. E. Swindell, of Raleigh, in the loss of his father on February 19, 1936.

Dr. Lewis R. Semones, of East Radford, Va., was married to Miss Nancy Dickerson, of Stuart, Va. Dr. Semones has several classmates and a number of friends in this State, who congratulate him and wish him well.

Dr. Luthur Butler, vice-president of the Fifth District, and who has for several years enjoyed a lucrative practice at Hertford, moved recently to Greensboro, where he will conduct a general practice of dentistry. We wish him success and regret losing him.

Dr. Jno. W. Zachary, formerly of Yadkinville, is now in general practice of dentistry at Hertford. The Fifth District welcomes Dr. Zachary, and anticipates with pleasure a more intimate association.

Those attending the Five-State Clinic in Washington are too numerous to name, but all reported having a good time, and learning something, too.

The Charlotte Dental Society had Mr. Samuel Supplee as its guest at a recent meeting. He presented two very fine motion pictures to the society on "Immediate Denture Service."

We understand Dan Mizell is slowly but surely on the way to recovery. Dan has had a trying experience, and we know the dentists throughout the State are pulling for him. May his recovery be even sooner than expected.

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Dr. and Mrs. Denis Cook, Lenoir, announce a blessed event.

Dr. John Fritz, Hickory, unable to practice the past few months, is back at work again.

Dr. P. E. Hedrick, Lenoir, began his married life and the practice of dentistry this year. Miss Waldine Perry of East Point, Georgia. Those Georgia Peaches! That makes about four men in our district who have succumbed to their charms. The Bachelors' Club grows smaller!

Dr. C. B. Yount, Hickory, was married to Mrs. Lydia Connelly, of Morganton.

Dr. Marshall Barringer, Newton, was married to Miss Mildred Phillips of that city.

Dr. Fred Campbell, Hickory, just returned from Montgomery, Alabama, where he took some work on Peridontia under Dr. Olin Kirkland.

Dr. Ralph Schmucker attended the annual meeting of the Pennsylvania State Dental Society in Philadelphia.

For a real treat, you should go fox hunting with Dr. George Hull and Dr. Amos Bumgardner and hear them give a real war-whoop to their hounds.

Drs. Ralph Petrie, Bruce Rogers, and several others were down on the coast on a deer drive. Pete lost part of his shirt-tail when he came back to camp. Enough said!

Dr. Tom A. Boaz is back in Winston-Salem, associated with Dr. Phin Horton.

Dr. Marcus Smith has recently come to Raleigh in the capacity of County Dentist for Wake County.

Glad to report that Dr. E. H. Broughton is improving. However, he is still in Florida with his family.

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ATTEND YOUR STATE MEETING AT PINEHURST

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ATTEND YOUR STATE MEETING AT PINEHURST

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 DR. J. MARTIN FLEMING.....Term expires 1937
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DR. W. J. PAYNE.....Clayton
 DR. G. B. PATTERSON.....Fayetteville
 DR. J. L. LEGGETT.....Hertford
 DR. J. F. WHISNANT.....Henrietta
 DR. J. R. BUTLER.....Dunn
 DR. J. H. HURDLE.....Mebane
 DR. S. E. DOUGLASS.....Raleigh

The Necrology Committee will present fitting memorials at our State meeting. Dr. J. S. Betts, of Greensboro, is chairman of this committee.

ATTEND YOUR STATE MEETING AT PINEHURST



DR. L. M. ENNIS

of the Dental School, University of Pennsylvania, will appear on the program Monday afternoon at 2:00 o'clock and in a clinic on Tuesday afternoon.



DR. N. B. NESBETT

of Harvard Dental School, will appear on the program Monday evening at 8:00 o'clock and in a clinic Tuesday afternoon at 2:00.

HOUSE OF DELEGATES

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ATTEND YOUR STATE MEETING AT PINEHURST

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DR. E. W. CONNELL.....	Mount Holly
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DR. W. C. CURRENT.....	Statesville
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DR. JOHN R. PHARR.....	Charlotte

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DR. M. B. MASSEY.....	Greenville
DR. A. T. JENNETTE.....	Washington

 "GREETINGS"

Pinehurst, one of the foremost winter resorts, is looking forward to the meeting of the State Dental Society, May 11, 12, 13, with pleasure.

This section is more beautiful in May than any other time during the year. Those of you who have never visited Pinehurst have a treat in store. Those of you who have will find a better Pinehurst this year than ever before. For the first time Pinehurst offers a golf course with grass greens as well as courses with sand greens that have long been so popular. The No. 2 course has been completely remodeled by Mr. Ross and is now recognized as one of the outstanding courses in the country. THE CAROLINA, headquarters hotel, large enough to care for 500 guests, has been completely redecorated, making it one of the most cheerful and homelike among resort houses. Even the standard of service

ATTEND YOUR STATE MEETING AT PINEHURST

offered at Carolina has, if possible, been raised, and yet, in face of increased operating costs, they have given us the lowest rates ever offered.

Pinehurst is ideally located in the very center of the State, only a very short drive for all the members. By the middle of May all of you will want to get away from the daily grind for a change and diversion. Your three days in Pinehurst will be a health-giving, inexpensive vacation, in addition to the professional knowledge you will receive.

The members of your arrangement committee are working hard in preparation to entertain you and your ladies. Bring them along, fellows, they need a change, too. In order to get the most out of the meeting, **ARRANGE TO COME ON SUNDAY.** The golf tournament is on Sunday and those that don't play golf will find plenty of amusement.

E. M. MEDLIN,

General Chairman of Arrangements.

GENERAL INFORMATION

REGISTRATION

The registration tables will be in the lobby of the Carolina Hotel and will be open from 8:00 o'clock Monday morning until 10:00 o'clock Wednesday morning.

Register for the following:

1. *Attendance.*—Register with your District Secretary. Get your badge. No one without badge will be permitted to the meetings, nor allowed to vote in the election of officers.

2. *Clinics.*—If you are a clinician, let us know. Get your cards for the Progressive Clinics to be held Tuesday afternoon. Admission to these clinics will be by card only.

AT 6:30 ON TUESDAY, MAIN DINING ROOM, CAROLINA HOTEL

3. *Banquet.*—If you are not registered at the Carolina Hotel, make reservation for banquet at the hotel desk. Those stopping at the Carolina Hotel will not have to have banquet tickets.

GOLF

Our annual golf tournament will be held Sunday afternoon, May 10, at 1:30 p.m., at the Pinehurst Country Club. Greens fee will be only \$1.00.

Both No. 1 and the celebrated No. 2 championship course, with grass greens, will be open. Those taking part in the tournament will be allowed to play either course. A large number of prizes will be given.

ATTEND YOUR STATE MEETING AT PINEHURST

Handicaps will be so arranged that the "Dub" will have almost the same chance to win as the best player.

So, fellows, take your clubs out of hock and be in Pinehurst Sunday p.m. and enjoy the most pleasurable afternoon you've spent in a long time.

For further information, write—

L. M. DANIELS, *Chairman*, Southern Pines;

A. T. JENNETTE, Washington;

R. E. SPOON, Winston-Salem.

TRAP SHOOTING

For those not playing golf a trap shooting contest is being arranged at the Pinehurst Gun Club.

DANCE

Tuesday evening at 9:30 in the Ball Room of the Carolina Hotel. Music by the Carolina Hotel Orchestra.

FOR THE LADIES

In addition to the Banquet and Dance, there will be a sightseeing tour over the Sandhills, visiting Carolina Orchid Growers Greenhouses and the tomb of Walter Hines Page at old historic Bethesda Church and cemetery. A card party and buffet supper are being planned.

COMMITTEE REPORTS

Chairmen of committees will please make their reports to the House of Delegates in writing. This will prevent errors and will save both time and money. Your coöperation would be greatly appreciated.

OFFICERS' CONFERENCE

The attention of all the officers of the State Society and the district societies is called to the breakfast conference, scheduled for Tuesday morning at 8:00 o'clock. Dr. P. L. Pridgen will preside. Some fine thoughts came out of this conference last year. This year we can make it even better. All come and be on time.

PAST-PRESIDENT'S BREAKFAST

On Tuesday morning at 8:00 o'clock there will be a short meeting of all Past-Presidents of the North Carolina Dental Society. Presiding officer, Dr. Z. L. Edwards. Those eligible, be there on time.

ATTEND YOUR STATE MEETING AT PINEHURST

The membership of the Society is cordially invited to sit in on any and all meetings of the House of Delegates. The business of the Society is conducted in the House of Delegates, and their sessions are not closed.

HOTELS

CAROLINA. Headquarters Hotel, American plan. Rooms equipped with twin beds and private bath adjoining, \$12.00 per day, or \$6.00 per each person, including meals, or \$7.00 per day should a person wish to occupy room alone with private bath attached.

BERKSHIRE HOTEL. American plan. Single with private bath, \$5.00 to \$6.00 per day. Double room with private bath, \$9.00 to \$10.00 per day.

PLAN THIS YEAR'S VACATION

AT THE

78TH ANNUAL SESSION

OF THE

AMERICAN DENTAL ASSOCIATION

IN

SAN FRANCISCO, JULY 13-17, 1936.

NEW LOW TRANSPORTATION RATES EFFECTIVE MAY 15. EXTRAORDINARY OPPORTUNITY FOR CONTINENTAL SIGHTSEEING TOUR. IMPRESSIVE AND UNUSUAL PROGRAM OF SCIENTIFIC ADVANCES. DISTINGUISHED GUEST ESSAYISTS AND CLINICIANS.

SAN FRANCISCO, GAYEST OF CITIES, OFFERS ROMANTIC ADVENTURE, AND THE PRIVILEGE OF OBSERVING THE CONSTRUCTION OF THE WORLD'S TWO LARGEST BRIDGES.

MAKE YOUR VACATION SCHEDULE AROUND THESE DATES—JULY 13-17, 1936.

ATTEND YOUR STATE MEETING AT PINEHURST

PROGRAM

NORTH CAROLINA DENTAL SOCIETY

CAROLINA HOTEL
Pinchurst, N. C.
May 11-12-13, 1936

MONDAY MORNING, MAY 11TH

8:00 a.m.—Registration (Lobby) Carolina Hotel.

9:30 a.m.—Opening Session (Music Room).

Invocation—

DR. T. A. CHEATHAM, Pinchurst, N. C. (Pastor, Village Chapel).

Address of Welcome—MR. RICHARD S. TUFTS, Pinchurst, N. C.
(President of Pinchurst, Inc.)

Response to Address of Welcome—

G. A. LAZENBY, D.D.S., Statesville, N. C.

President's Address—Z. L. EDWARDS, D.D.S., Washington, N. C.

Report of the Necrology Committee—

J. S. BETTS, D.D.S., Greensboro, N. C.

Introduction of Visitors.

10:30 a.m.—“Quotations and Observations”—

JOHN H. WHEELER, D.D.S., Greensboro, N. C.

11:00 a.m.—“Fundamental Principles of the Technical Removal of a Mandibular Third Molar”—Sound on film motion picture. Screening time corresponds to regular feature motion picture.

By GEORGE B. WINTER, D.D.S., F.A.C.D., President, American Dental Association, St. Louis, Mo. Author of “Exodontia” and “Principles of Exodontia as Applied to the Impacted Mandibular Third Molar.”

SYNOPSIS—The first complete sound on film dental motion picture. A teaching innovation for the general practitioner, postgraduate or student, detailing the complete technical procedure for the removal of a mandibular third molar. Many of the principles are applicable to the mandibular first and second molars as well as the third molar when impacted. This picture constitutes a visual education of many years of scientific research and definitely establishes classification, diagnosis, X-ray interpretation, and instrumentation. Actual operative cases, animated drawings, and theoretical diagrams, detailing the fundamental principles are synchronized with Dr. Winter's voice, resulting in a modernized, scientific, and extremely interesting production, entirely new in the realm of education instruction.

1:00 p.m.—Lunch.

. . . . VISIT THE EXHIBITS

MONDAY AFTERNOON, MAY 11TH

2:00 p.m.—“Roentgenographic Variations of Maxillary Sinus and Nutrient Canals of the Maxilla and Mandible of Special Interest to the General Practitioner”—

Lecture by LEROY M. ENNIS, D.D.S., Assistant Professor of Dental Roentgenology. Instructor in Radiology, Graduate School of Medicine, University of Pennsylvania.

SYNOPSIS—The maxillary sinus, in addition to being subject to structural and pathological variations found in the other sinuses, presents a whole series of special problems because of the relationship which it bears to the teeth of the upper dental arch. In adult life its floor is typically found to be below the level of the middle nasal meatus and in the alveolus. It sometimes expands into the palate and into the tuberosity behind the upper third molar. Both of these extensions are significant clinically and have not received sufficient attention in the roentgen examination. The advantages of the various positions, and especially the use of the intra-oral films will be discussed.

3:30 p.m.—“You Can't Tell Which Way a Bull Frog Will Jump”—

By EUGENE B. HOWLE, D.D.S., M.D., Secretary, N. C. Board of Dental Examiners, Raleigh, N. C.

4:00 p.m.—Meeting of the House of Delegates.

Business Session.

Report of Committees.

6:30 p.m.—Dinner.

MONDAY EVENING, MAY 11TH

8:00 p.m.—Lecture: “A Discussion of a Ridge Preserving Technique for Full Denture Prosthesis”—

NORMAN B. NESBETT, D.M.D., Assistant Professor of Prosthetic Dentistry, Harvard University Dental Department, Belmont, Mass.

SYNOPSIS—

1. Introduction and analysis of the general instruction given on this subject.
2. Brief history of this technique.
3. Clinical observations on which this method is based.
4. Beliefs on which we have established this technique.
 - (a) Balanced functional occlusion.
 - (b) Centric occlusion.
 - (c) Anatomic versus nonanatomic teeth.
5. Details of the technique.
6. Summary of results obtained by this radically different method.
7. Question period.

9:30 p.m.—“Organized Dentistry, Its Present and Future”—

C. J. CARABALLO, D.D.S., Trustee, Fifth District, American Dental Association, Tampa, Florida.

SYNOPSIS—Organization and progress; antidote for egoism; problems solved by A. D. A.; protection and enlightenment of profession; educational endeavors, public school system; educational standards of dentists; promotion of public health; economy of preventative health measures; safeguarding public and profession; cooperation of medical and dental associations; dependence of health on income and education; organization, the future of dentistry and mankind.

. . . . VISIT THE EXHIBITS

TUESDAY MORNING, MAY 12TH

8:00 a.m.—Past-Presidents' Breakfast (Private Dining Room No. 2, downstairs). All ex-Presidents of the North Carolina Dental Society are urged to be present.

Toastmaster, Z. L. EDWARDS, D.D.S., Washington, N. C.

8:00 a.m.—Breakfast—District Officers' Conference (Private Dining Room No. 1, downstairs). All officers of the District Societies of North Carolina are requested to attend.

Presiding Officer, D. L. PRIDGEN, D.D.S., Fayetteville, N. C.

GENERAL CLINICS

TUESDAY MORNING, MAY 12TH, 9:00 O'CLOCK

"Inlays for Anterior Bridge Abutments"—

DARDEN J. EURE, D.D.S., Morehead City, N. C.

SYNOPSIS—Patient present—An explanation of the different steps from beginning to end, with individual piece-work construction.



"Radiographic Interpretation" . . J. T. LASLEY, D.D.S., Greensboro, N. C.

SYNOPSIS—Showing cases of osteomyelitis of the mandible, calcium deficiency in bone, cysts, impactions, and an improved method in taking upper molar radiographs. In short, a clinic by a general practitioner for the general practitioner.



"Orthodontic Treatment Following Fracture of the Mandible"—

W. A. PRESSLEY, JR., D.D.S., Greensboro, N. C.



"Instrumentation in the Conservative Treatment of Periodontal Diseases"—

J. L. SPENCER, D.D.S., Williamston, N. C.

SYNOPSIS—The clinic will include a demonstration of the use of instruments, grinding of teeth to correct occlusal malrelations, and X-ray interpretation.



"Casts Showing Anatomical Outline which Governs the Borders of Full Dentures"—

HOWARD L. ALLEN, D.D.S., Henderson, N. C.

SYNOPSIS—Showing by means of casts the essential points about the borders of full denture cases which we encounter from day to day.



"Electro-Sterilization in Canal Work"—

WILLIAM M. MATHESON, D.D.S., Boone, N. C.

SYNOPSIS—A charted outline of the procedure in canal work by the ionization method. The medicaments, materials, and instruments used will be shown and the technic of their uses demonstrated on models. Case histories in radiograms will show rarified areas regenerated after treatment.

. . . . VISIT THE EXHIBITS

"Some Common Errors in Restoring Lost Tooth Structure with Amalgam,
and an Analysis of Some Filling Failures"—

DAVID ABERNETHY, D.D.S., Hickory, N. C.

SYNOPSIS—By means of charts, drawings, and models, the logical sequence of amalgam procedure from diagnosis to final polish, and a consideration of the probable cause of failure of old amalgams in some extracted teeth.



"The Use of the Bite-Wing X-ray in the Practice of Preventive Dentistry"—

RALPH R. HOWES, D.M.D., Forest City, N. C.



"The Use of Stainless Steel in Partial Dentures"—

L. M. DANIELS, D.D.S., Southern Pines, N. C.



"Electro-Plating" O. C. BARKER, D.D.S., Asheville, N. C.

SYNOPSIS—Unchanging permanent copper dies for porcelain jacket crowns, easily obtained; also, indirect inlay dies.



"Semi-Indirect Method of Three-Quarter Cast Crown"—

J. R. EDWARDS, D.D.S., Fuquay Springs, N. C.

SYNOPSIS—Cavity preparation, impression taking, making cases, and carving.



"Better Full Denture Service"—

J. H. GUION, D.D.S., Charlotte, N. C.

J. DONALD KISER, D.D.S., Charlotte, N. C.

SYNOPSIS—A patient will be presented wearing full upper and lower dentures, both of which have suction. Points will be covered which will aid one in securing this in all denture cases.



"Helpful Suggestions in Preparation of a Tooth for Porcelain
Jacket Crown"—

R. PHILIP MELVIN, D.D.S., Winston-Salem, N. C.

SYNOPSIS—A short illustrated clinic to give an idea, which has been very helpful in Porcelain Jacket Crown Preparation.



"Administration of Nitrous-Oxide-Oxygen as General Anaesthetic
for Tooth Extraction"—

HYLTON K. CROTTIS, D.D.S., Winston-Salem, N. C.



"Interproximal X-rays" R. F. HUNT, D.D.S., Rocky Mount, N. C.

SYNOPSIS—Showing the use of the interproximal X-ray in locating interproximal defects; the technique for production and interpretation.

. . . . VISIT THE EXHIBITS

"Making the Most of the X-ray as a Diagnostic Aid"—

W. M. ROBEX, D.D.S., Charlotte, N. C.

SYNOPSIS—Practical processing of films, exposure, development, and practical illustrations.

**"Esthetics in Fixed Bridge Work: With Special Reference to Trimming the Alveolar Process, so That the Pontics Will Show Uniform Length"—**

E. M. CUNNINGHAM, D.D.S., Biltmore, N. C.

**"Treatment of Compound Comminuted Fractures of the Maxilla and Mandible"—**

C. A. PLESS, D.D.S., Asheville, N. C.

W. J. TURBYFILL, D.D.S., Asheville, N. C.

SYNOPSIS—Showing radiographs, models, and appliances for reducing the fractures of two practical cases.

**"Artificial Dentures" B. McK. JOHNSON, D.D.S., Greenville, N. C.**

SYNOPSIS—Special attention to setting up and occlusion of teeth.

**"Taking Bite With Central Screw, Instead of Usual Wax Rims for Full Dentures, and Transferring Same to Articulator"—**

WALTER E. CLARK, D.D.S., Asheville, N. C.

SYNOPSIS—It is intended to show in this clinic a simple method of taking a balanced bite with short bite rims, and central screw threaded in a metal plate. The screw is pointed and registers condyle markings on the plate in opposite jaw. This method is very helpful in establishing the correct Antero-Posterior Relation of lower teeth to upper.

**"Practical Cast Anterior Restorations"—**

R. L. UNDERWOOD, D.D.S., Greensboro, N. C.

SYNOPSIS—Oral description of tooth preparation and impression technic. Exhibit of Practical Casts.

**"Direct Indirect-Inlays" B. N. WALKER, D.D.S., Charlotte, N. C.**

SYNOPSIS—Gold inlay restorations, with special attention to gingival margin.

**"Restoring Badly Abraded Natural Teeth to Their Original Function and Occlusal Relations"—**

JOHN A. McCLUNG, D.D.S., Winston-Salem, N. C.

SYNOPSIS—(1) Diagnosis and survey of case. (2) Establishing an arbitrary opening approaching the normal occlusal relation. (3) A method of determining the correct normal occlusal relation in balanced occlusion, before any permanent restorations are made. (4) Maintaining these relations throughout the reconstruction of the case. (5) Articulated casts will show case before, during, and after treatment.

"Modified Flap Operation in the Treatment of Periodontal Pockets"—

JOHN FRANKLIN BUMGARDNER, D.D.S., Charlotte, N. C.

SYNOPSIS—To be illustrated by charts, describing the procedure and different steps of the modified flap. Also the common causes of failure in obtaining results.



"Some Practical Suggestions in Juvenile Dentistry"—

C. E. ABERNATHY, D.D.S., Raleigh, N. C.



"Creative Arts of Dentistry" . LYMAN J. HOOPER, D.D.S., Asheville, N. C.

SYNOPSIS—Modeling as a hobby.



"Cohesive Gold Foil Restorations in Simple Occlusal Cavities"—

A. HUBERT FEE, A.B., D.D.S., Medical College of Virginia, School of Dentistry, Richmond, Va.

SYNOPSIS—Showing cavity preparations in the various posterior teeth, some cavities partially filled, some completed, and will demonstrate the condensation of the foil in others.



"Amalgam Fillings and Inlays" . VIRGIL R. HAWKINS, D.D.S., Union, S. C.

SYNOPSIS—This clinic will demonstrate a definite and practical technic for the insertion of amalgam fillings and amalgam inlays.



"Esthetic Stationary Bridge Restorations in One Piece Casting"—

RICHARD H. JEFFERIES, D.D.S., Richmond, Va.



CLINICS USING LANTERN SLIDE DEMONSTRATIONS
(In the Cocktail Room)

"Removal of Natural Teeth and the Immediate Insertion of Artificial Teeth"—

GRADY ROSS, D.D.S., Charlotte, N. C.



(In the Small Bridge Room)

"Adult Orthodontia" . . . AMOS S. BUMGARDNER, D.D.S., Charlotte, N. C.

SYNOPSIS—What do we mean by Adult Orthodontia? Are all treatments practical after 15 years of age? When is the final stage of Protrusion Treatment possible? Retrusion? Do the ductless glands have any bearing on bone development? Charts and slides.



(In the Dutch Room)

"Surgical Preparation of the Mouth"—

K. L. JOHNSON, D.D.S., Raleigh, N. C.

SYNOPSIS—An attempt will be made to show the advantages of surgically preparing a mouth. Models, photographs, and lantern slides will be used to illustrate the operative technique, as well as cases before and after operation.

1:00 p.m.—Lunch.

. . . . VISIT THE EXHIBITS

TUESDAY AFTERNOON, MAY 12TH

2:00 p.m.—Progressive Clinics, Visiting Clinicians (Admission by Card).

Clinic—"Ridge Preserving Technique for Full Dentures"—

NORMAN B. NESBETT, D.M.D., Belmont, Mass.

SYNOPSIS—The different steps as outlined in Dr. Nesbett's paper will be shown and described at this table clinic. These steps have been developed as the result of eight years study of clinical test cases, using this method. While it differs basically from commonly accepted practice, it is a method that will give positive results in the hands of the regular practitioner of dentistry. The clinician has been in practice for thirty-six years, the last nineteen of which has been devoted to the study of dental prosthesis. He has been on the staff of Harvard Dental School for thirty-five years.

Clinic—"Roentgenographic Technic Interpretation"—

LEROY M. ENNIS, D.D.S., University of Pennsylvania, Philadelphia, Pa.

SYNOPSIS—Demonstration of proper technique, both from the standpoint of angulation and development of which is a necessary adjunct to interpretation. The clinician is Professor of Dental Roentgenology, Dental School, University of Pennsylvania.

2:00 p.m.—Section I—DR. NORMAN B. NESBETT (Music Room).

Section II—DR. LEROY M. ENNIS (Bridge Room).

3:30 p.m.—Section I—DR. LEROY M. ENNIS (Bridge Room).

Section II—DR. NORMAN B. NESBETT (Music Room).

TUESDAY EVENING, MAY 12TH

6:30 p.m.—Banquet (Main Dining Room).

Presentation of President's Emblem.

8:00 p.m.—General Session (Music Room).

Election of Officers.

Election of Two Members to the Board of Dental Examiners.

Election of Delegate and Alternates to the American Dental Association.

Selection of Place for Next Meeting.

9:30 p.m.—Meeting of House of Delegates (Bridge Room).

Business Meeting.

Final Reports of Committees.

10:30 p.m.—Dance (Music Room, Carolina Hotel). Music by Hotel Orchestra.

WEDNESDAY MORNING, MAY 13TH

(Music Room)

9:00 a.m.—"Report of the Activities of the Committee on Dental Economics of the American Dental Association"—

JAMES A. SINCLAIR, D.D.S., Asheville, N. C.

9:30 a.m.—"Surgery as an Aid to Prosthesis"—(Illustrated with Lantern Slides)—

GUY R. HARRISON, D.D.S., Richmond, Va. Oral Surgeon, Stuart Circle Hospital, McGuire Clinic, St. Luke's Hospital and Retreat for the Sick Hospital; Member, Virginia State Board of Health.

SYNOPSIS—The objects of surgery are to arrest disease and to correct deformity or perverted functions. By careful planning, and a reasonably skillful execution of operations about the jaws, the surgeon can be of great help to the dentist in making possible the construction of satisfactory restorations. The surgeon doing surgery about the mouth and face should have an intimate knowledge of the contributions the dentist can make to the successful outcome of his cases and also a realization of

the limitations of dental prosthetic restorations. The dentist should be familiar with what surgery offers in making possible the construction of more satisfactory restorations. A discussion of these surgical and dental problems will be presented.

10:30 a.m.—“Syphilis: A Public Health Problem”—

JOHN H. HAMILTON, M.D., Director, State Laboratory of Hygiene, Raleigh, N. C.

SYNOPSIS—

1. Distribution of syphilis by race, sex, and age groups.
2. Prevalence is increasing.
3. It is a professional hazard to the medical and dental professions.
4. Importance of early diagnosis and treatment.
5. Laboratory aids in diagnosis and their limitations.
6. Lantern supplies.
7. Fundamentals of a control program.

11:30 a.m.—Meeting of House of Delegates (Music Room).

Business Session.

General Session.

Installation of Officers.

Adjournment.

EDUCATIONAL EXHIBITS

“ADEQUATE DIET”—Exhibit by the Home Demonstration Division, Extension Service of State College of the University of North Carolina.

This will be a project exhibit, showing the effect of diet on the development and health of the teeth and its relationship to the general health of the body; the effect of prenatal diet on tooth development; the effect of a child's diet on the calcification of the permanent teeth; the value of calcium, phosphorous, and vitamin D in tooth construction; the daily food essentials for one person. The Nutritionist from State College and Home Agent from Moore County will be present to give any information desired.

Exhibit will be in charge of:

Miss Sallie Brooks, Assistant Nutrition Specialist, N. C. State College, Raleigh, N. C.

Miss Flora McDonald, Home Demonstration Agent, Carthage, N. C.

BUREAU OF PUBLIC RELATIONS OF THE AMERICAN DENTAL ASSOCIATION

Showing the Services of
The Bureau of Public Relations
The Council of Dental Therapeutics
The Library Bureau
The Committee on Economics
The Relief Commission

This Exhibit will be in charge of Dr. W. K. Chapman, of Sylva, N. C.

. . . . VISIT THE EXHIBITS

DISTRICT SOCIETIES

FIRST DISTRICT

President.....	DR. O. C. BARKER, Asheville
President-Elect.....	DR. S. P. GAY, Waynesville
Vice-President.....	DR. S. E. MOSER, Gastonia
Secretary-Treasurer.....	DR. C. S. MCCALL, Forest City
Editor.....	DR. DAVID ABERNETHY, Hickory

SECOND DISTRICT

President.....	DR. J. H. NICHOLSON, Statesville
President-Elect.....	DR. J. P. BINGHAM, Lexington
Vice-President.....	DR. D. W. HOLCOMB, Winston-Salem
Secretary-Treasurer.....	DR. W. C. CURRENT, Statesville
Editor.....	DR. D. B. MIZELL, Charlotte

THIRD DISTRICT

President.....	DR. E. M. MEDLIN, Aberdeen
President-Elect.....	DR. H. A. EDWARDS, Greensboro
Vice-President.....	DR. CARL NORRIS, Durham
Secretary-Treasurer.....	DR. C. A. GRAHAM, Ramseur
Editor.....	DR. D. T. CARR, Durham

FOURTH DISTRICT

President.....	DR. J. R. EDWARDS, Fuquay Springs
President-Elect.....	DR. L. J. MOORE, St. Pauls
Vice-President.....	DR. R. S. JONES, Warrenton
Secretary-Treasurer.....	DR. E. L. SMITH, Raleigh
Editor.....	DR. R. M. SQUIRES, Wake Forest

FIFTH DISTRICT

President.....	DR. M. B. MASSEY, Greenville
President-Elect.....	DR. W. L. HAND, New Bern
Vice-President.....	DR. L. H. BUTLER, Hertford
Secretary-Treasurer.....	DR. A. T. JENNETTE, Washington
Editor.....	DR. WALLACE S. GRIFFIN, Edenton

FIRST DISTRICT

FIRST DISTRICT NEWS AND VIEWS

In an age of intense economic stress an up-to-date awareness of new technic, new methods, and new materials is of utmost value to every practitioner, enabling him to preach and practice better dentistry—to raise dentistry from the old conception of “pulling and plugging” to a scientific health service. In this evolution the Dental Society has been of primary importance.

Every dentist in the State should be at Pinehurst this spring—for his good, the society’s good, and his patients’ benefit. What per cent will be there? That will depend on you and your district and county societies. The First District pledges to do its part to make Pinehurst a grand meeting.

ATTEND YOUR STATE MEETING AT PINEHURST

The First District Society has had a most interesting year. The societies and study clubs in the district, meeting monthly, have been active. The Tri-County Society, composed of Catawba, Caldwell, and Burke counties, has had good attendance. The programs have been made more practical by selecting one phase or material to be considered at each meeting. One man gives his technique, followed by a round-table discussion. Case problems are discussed and many small helps are discovered. In the last few clinics David Abernethy gave "Analysis of Some Amalgum Failures," and Dr. Fred Campbell gave some material on Peridontia. After one meeting, the society went to Statesville to hear a clinic on Prosthetics, given by Dr. Wavrin from Chicago. Some pictures on Porcelain Work are expected at the next meeting.

The Asheville and Rutherfordton study clubs are continuing their splendid work.

A concentrated program to induce all nonmembers to join the Tri-County and other local study groups is under way, with membership committees in most of the towns in the district. A man should resolve to strive to give as much time to the advancement of his profession as possible. Let's get these men who never hear or think about Dentistry outside their own offices in these societies. They, as well as organized dentistry, will benefit. Coöperation in all phases will be the keynote in the future advancement of our profession. Let's take some new faces to Pinehurst!

PURELY PERSONAL

I sometimes think it would pay a fellow to take a day off each month and visit his fellow dentists in their offices, not to stay long, but to see how the other man lives—to compare his office routine. Perhaps he is in a rut all unawares. It is hard to get away, but worth the time. You will see some fine fellows and realize why dentistry should be even more fraternal.

* * *

Hartman's formula created quite a furor, didn't it? Too bad it wasn't given an advanced showing to the profession. However, it did create public interest (a vital necessity) in dentistry, and therefore helped in that manner.

* * *

Talking to Dr. J. B. Little the other day, he had a new denture which, according to him, would bite a man's head off. It must be good.

* * *

Spring is practically here. After a long, confining period we can get out of doors and get some exercise again to build up energy for another winter. It's a phase that too many of us neglect. We stay in too much.

DAVID ABERNETHY, *Editor.*
First District.

ASHEVILLE DENTAL STUDY CLUB

Some few years ago the thought was conceived among several members of the Asheville Dental Society to form a separate organization, with a smaller membership to meet monthly, with the idea of discussing more intimately the various problems arising in the practice of Dentistry. Thus originated the Asheville Study Club.

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The members of this organization assembled monthly at a Dutch supper. Here they had their social contacts during the evening meal, which was followed by the reading of a paper or the presenting of a clinic. This method progressed favorably, and the men gained from the intimate exchange of thought; however, there appeared to be a certain lack of enthusiasm, and the suggestion was made and adopted to utilize for discussion the articles appearing in the monthly journals.

The essayist is now chosen alphabetically from the roster, and he has the privilege of selecting and reading any article which he may so wish from an issue of the current month, preferably the A. D. A. Journal. The Secretary then notifies each member five days before the meeting of the subject to be discussed, and they have an opportunity for preparation. After the essayist reads the article, each member is called on for his discussion.

These gatherings have proven to be most interesting and instructive. The meetings are well attended and the members are most enthusiastic, as they are helping themselves and the profession to better visualize the perplexing problems confronting the successful practitioner. The men are earnest in their desire for further knowledge, and in an organization of this kind are spared the controversies, lengthy debate, and useless expenditure of time which are often indulged in by the smaller dental organizations.

This group has a limited membership and its privileges are extended to those who have a desire to seriously enter into the study and discussion of some of the phases of medicine which are so closely related to dentistry, or, I might say, dental medicine of today.

We found an interest in our organization for the dental clinic, but we later found a far greater interest among our members, for a better knowledge of dental medicine. It is true that dental health has its dependency upon the perfection of mechanical repair, and restoration, but it is more dependent upon the dentist's knowledge of medicine. These fundamentals give him the ability to observe, diagnose, and refer his patient to the internist for systemic correction of those local symptoms which it is our responsibility to recognize.

I believe that the average dentist is instilled with a desire to further his knowledge of all systemic dyscrasia, which might, directly or indirectly, affect dental health. The splendid articles which are appearing in the better type of dental journals afford the thinking dentist an opportunity to acquaint himself with the advancement of the day, and I am sure there is a fertile field for the organizing of other study clubs throughout the State.

W. F. BELL, *President,*
Asheville Dental Study Club.

SECOND DISTRICT

It is my earnest hope that the convention of the North Carolina Dental Society at Pinehurst, on May 11-12-13, will be long remembered as one of the best meetings ever held by the dentists of this State. It will be so regarded if the members of our profession contribute their presence and their interest to the degree of which they are capable. After all, the dentists themselves are the Society. They are the convention. Mere names of groups or of organizations mean nothing in themselves. It is only as these names stand for active, loyal individuals that they assume significance. Therefore, it becomes the personal duty and obligation of every member of the Society

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to vitalize the intangible body of which he has become a member. If he fails to recognize this personal challenge, then his membership is really vain, and the organization set up for the more convenient transaction of business suffers to the extent of that individual failure.

One of the ways to contribute the activities of a zealous member, and to be of concrete service to your professional body, is to attend the official convention of that body. The more interested dentists we have at that meeting, the more worth while work we can do, and the more we can do to cement the spirit and purposes of the North Carolina Dental Society. No member who can possibly manage to be present should neglect to do so, depending upon his brothers to provide a representative assemblage. The success or failure of any undertaking is always measured by the manner in which individuals react to the situation. There is much to be gained by every dentist who attends the Pinehurst meeting, much for his own betterment, and much for the good of the State-wide organization.

In the first place, by personally attending this convention, the dentist will be able to learn a good many things about his own work. He will have the opportunity of hearing well qualified dentists discuss important phases of modern dentistry, and he will become better acquainted with the aims and activities of the Society, all of which matters are of vital concern to every dentist in the State.

In the second place, he will have the opportunity of social contact with his professional brothers from all sections of the commonwealth. He will see old friends and make new ones. He will feel, more than ever, that he is an important part of a great body of workers, and he will learn the character of that group.

In the third place, he will have the opportunity of relief from his work, of a restful change from the ordinary routine of his existence, and this amid a most pleasant atmosphere, for Pinehurst will be in her full glory of natural beauty at the time of the convention.

Finally, in addition to the definite gains mentioned above, the dentist who attends this meeting will have the satisfaction of knowing that he has been loyal to the Society in which he enlisted, and which, at the time he joined, demanded his best services. He will know that he has done something to further its ends.

No elements have been overlooked in the effort to make the May convention the best that it can be made. It now remains to the dentists, individuals wherever they are, to be present and take advantage of the opportunities at their hand.

J. H. NICHOLSON, *President.*
Second District.

In a few weeks we will be attending our annual meeting at Pinehurst. Look over your program and you will note that your committee has secured the services of some of the outstanding men in our profession along their respective lines. Note the list of table clinics, for I am sure the program will justify your presence and prove most profitable for the time out of your office. Plan to meet your friends in Pinehurst.

Few of us think and reason in the same manner. This is good because of the variety. By attending your meetings you can get the different methods and viewpoints of each individual. You then have the advantage of trying them out carefully, and an opportunity to eliminate the bad or faulty and to develop the methods which best suit your individual needs. Each of us should

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contribute to the advancement of our profession, as well as to improve our own private practice.

We had many members to attend the Five-State Postgraduate Clinic in Washington and our district was well represented with table clinics. Your editor was on the program to give a table clinic on Pyorrhea, but when the time came to go Dr. O. L. Miller advised me against trying to make the trip, as my knee wasn't doing so well.

The Charlotte Society has had a very instructive year, with Homer Guion as president, Don Kiser as secretary, Vance Kendrick as treasurer, and Bob Bell as program chairman. Dr. J. A. Waverly, of Chicago, sponsored by the local society, spent several weeks with us giving instructions in impressions and denture technique.

The Forsyth County Dental Society of Winston-Salem has been very active. Fred Mendenhall is president; Philip Melvin is vice-president; Carl Barkley is secretary-treasurer. The executive committee consists of Fred Anderson, George Waynick, and John McClung.

The fellows at Statesville, Concord, and Salisbury have been having some very fine meetings and they were well attended.

Dr. J. H. Nicholson and Dr. C. M. Parks have started to work on our meeting to be held at Statesville next October.

We will meet in Pinehurst.

DAN B. MIZELL, *Editor,*
Second District.

THIRD DISTRICT

Once again it becomes our privilege and duty to begin making plans to attend our State dental meeting. Springtime is here and a world of joy and beauty stretches wide on all sides. Life begins again and, like nature, we need a similar rejuvenation.

The meeting place this year will be Pinehurst, and convention headquarters is in beautiful Carolina Hotel. Those of us who have been there to similar meetings know that there is plenty of playground for all to choose from. There are three beautiful championship golf courses, a trapshooting range, and horseback riding over splendid trails—and for the lazy ones there will of course be sunshine to bask in and a plenteous variety of delicious foods. We are assured a delightful program, and the practical information is all to our advantage.

Let's get together, then, in this winter wonderland, and with confidence and enthusiasm become an aggressive force in building up the State's dental activities. Accomplishments come about through the united action of many individuals, victory through tedious and often discouraging work. Those of us who have been members for some time know that the greatest zeal in our profession is originated through our activities in our State Society work. It is our duty, then, to work with courage and endurance to gain the strength and devotion of the new members, and thereby cause a continuous growth and better understanding among our fellow practitioners.

We have had handicaps and sometimes frictions in our society, but let's become thoroughly united and with the spring begin life again. So don't delay. Mark the dates and let us make this the most enjoyable meeting we have held.

DANIEL T. CARR, *Editor,*
Third District.

ATTEND YOUR STATE MEETING AT PINEHURST

No man can live alone, nor can he fight great battles but by every man working in harmony and for the same great cause. Think how grand it would be if every dentist in North Carolina and in the nation would work in perfect peace and harmony and in love. How much happier we would be and how much sweeter life would be.

If we could but put away all envy, all prejudice, discord, deceit, and all hate, we would be on the only road to that happy dental profession where there are no cares and troubles. When we all become united and do away with envy and fear we will enjoy our work and take our rightful places in society; we will become better men, better dentists, better fathers, better husbands, and better citizens, kind to our families, true to our Government, and just to our country. In order to do this we must know each other better, we must become a unit and every dentist must play his part. When we all join the dental fraternity and attend the meetings as one happy band all fear and discord will vanish, our nerves will be quieter, our hands steadier, and we will be able to concentrate on our work—our minds will not be divided.

May we, during the short space of time allotted to us to practice our profession, wisely and usefully employ our time in organizing our society, in encouraging each other, in rejoicing in each other's prosperity, and in the reciprocal intercourse of kind and friendly acts, mutually promote the welfare and happiness of each other, thereby fitting ourselves to render the best that is within us for mankind and dentistry.

C. A. GRAHAM, *Secretary-Treasurer,*
Third District.

To the Members of the Third District Society:

Calling to your attention the fact that the State Society has honored our district by meeting with us this year. This carries a responsibility as well as honor, and it is up to every member of the district, as hosts, to help make the meeting a pleasant, profitable, and successful one. I am sure you will do this in true Third District style. It is very necessary that every one of you come to the meeting early, so you will be here to greet our fellow coworkers from other parts of the State.

To the members of the First, Second, Fourth, and Fifth Districts, we are waiting to welcome you. Everything is pointing to the best attended meeting the North Carolina Dental Society has ever held. The program committee has done itself proud. I do not recall a State meeting before where such outstanding clinicians have been secured. Dr. George is arriving in Pinehurst May 7th, and those of you who have not seen his 8-reel film on extraction of lower third molars have a great privilege awaiting you. No one can afford to stay away, so pack up your troubles and head for Pinehurst.

E. M. MEDLIN, *President,*
Third District.

FOURTH DISTRICT

Mark the dates on your calendars—May 11, 12, and 13—and don't forget the annual State dental meeting at Pinehurst.

I don't know who is on the program, or what kind of program it is to be; I just know that the boys in charge are not the kind that have a meeting

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just to get it over with. They do things with a finish, and you can depend upon it that they are going to have a program that will be interesting and helpful.

It is your chance to see friends again, grasp their hands, have a friendly chat, get closer to your neighbors, and learn what a fine bunch of dentists North Carolina really has.

Don't lose sight of the fact that we are meeting at Pinehurst, in the heart of the Sandhills, in one of North Carolina's finest hotels, where you have the best of everything—the most ideal place for a convention.

There are no places to fish, no mountains to climb; nothing to interfere with perfect attendance and the best meeting we have ever had, except horse racing, golf, poker, and corn liquor. So don't let these interfere. Just come right on, and let's have a good meeting and a good time.

R. M. SQUIRES, *Editor.*
Fourth District.

I am sure every member of the North Carolina Dental Society is working, watching, and waiting for May 11, 12, and 13, when we will gather at Pinehurst for our annual meeting. To me this is always a very pleasant occasion. We have a chance to meet our fellow dentists, rub shoulder to shoulder, and discuss our failure as well as our success. To me the annual meetings are but a reunion, and well they should be.

I feel certain we shall have some good papers and clinics. These alone are well worth any dentist's time, or money he spends in taking the trip. No man has ever learned so much that he cannot absorb a little more. I have heard dentists say, "No, I am not attending the meeting; it is the same old thing over and over." True as that might be, we learn by repetition. When you read a book over and over you will receive new ideas every time you read it. Go into your flower garden every morning and you will always see something new.

I shall always remember my good friend, Dr. J. Martin Fleming, in a statement he made. He said he attended a clinic and a fellow dentist was polishing a gold shell and was using an old-fashioned split clothespin to hold the crown. Dr. Fleming said that one simple thing alone was worth his trip that year. There are many minor things we learn as well as the major ones, and we can carry them back and use them all to advantage in our daily practice. The same is true when you are called upon to render a service for the society—it is the little thing that counts, after all. I know I cannot do as well as many others, but all of us can do our part in our own respective places.

We wish to congratulate Dr. Wallace F. Mustian, of Warrenton, on his wonderful success in his recent marriage. Dr. R. W. Stephens, of Apex, is able to be back in his office again. We hope he will continue in good health. We are glad to have Dr. Smith in Wake County as the county dentist, and we extend to him a most cordial welcome.

In closing, may I urge that every dentist in this district make a definite effort to attend the May meeting in Pinehurst, where we shall all gain both information and inspiration.

J. R. EDWARDS, *President.*
Fourth District.

FIFTH DISTRICT

By the time this Bulletin gets in the hands of the North Carolina Dentists the time for moving on to Pinehurst for our North Carolina State meeting will be drawing near. Every district in the State will be gathering up the loose ends in preparation for the State meeting. On the lips and in the hearts of every dentist in the State will be the question, shall I attend the State meeting? He will be debating in his mind the advantages and disadvantages of attending the meeting. I don't know what his problems may be that will serve, within the bounds of reason, to keep him away, but I do think, unless it is something that deals almost with life and death itself, he should be there. It matters not who you are or how little you participate in the activities of the meeting, the success of that meeting depends upon us all being there. It matters not where we practice, or how long or how short has been our practice, we will be able to derive infinitely more out of the meeting than we can give. If we are practicing dentistry for the love of dentistry, then we are going to be there if it is physically and otherwise possible. We are all needed. It is fine for us to sit back and enjoy the advantages for which our leaders, past and present, have worked so hard, but it just is not fair. If we do not care to do any work, and it does take work, time, and energy, we ought to show our appreciation by being present and thereby demonstrate and manifest our support for every forward step in the advancement of dentistry.

If we are reading anything whatsoever these days, we know that now is the time, not later, for the dentists to come together, to coöperate, individually and collectively, and present a harmonious and united front in behalf of our profession. If we do not, no one can predict what will be the fate of our profession. If we cannot look after the dental needs of our country, if we cannot run our own organization, there are some standing ready to do it for us.

The Fifth District is already looking forward to the Pinehurst meeting. If it is physically possible, we are going to be there in full strength. One among our number is our State leader, and to show our neighbors that the old saying, "The old nag always trades best away from home," or "A prophet is not without honor save within his own country," is not applicable in this case, we are solidly behind him.

We have already had one group meeting down here. You folks in the other districts not having the group organization in your districts don't know what you are missing. The boys over at Rocky Mount got so anxious they couldn't wait any longer, and called a group meeting in February. We all went over and enjoyed the friendly contact with them. We missed Clyde Minges. They said he was in South Carolina bird hunting; trying to work off some superfluous adipose: that the radius of his circumference was increasing alarmingly. We are told that Fred Hunt is quite a hunter, or at least he was but isn't any more. He went out bird hunting one afternoon and, after a long and futile hunt, he resolved not to return without some prey, so he fired into a covey of sparrows in a briar patch and killed three sparrows, two skunks, and one old cat. We were told that Fred hasn't been hunting since. However, he gave us a good talk on the Hartman obtundent. I won't say what he said, but you should have heard him. Be at Pinehurst and get him to tell you.

M. B. MASSEY, *President,*
Fifth District.

ATTEND YOUR STATE MEETING AT PINEHURST

NINETY SECONDS

Doubtless many of us waited impatiently to secure and use the new Hartman obtundent. Both radio and press praised it beyond reason. Should it prove to be even a part of the claims made, then both dentist and patient should be grateful to Dr. Hartman for his contribution.

The editorial in March issue of the Journal A. D. A. is well worth consideration, as it not only points to proper ethical procedure in any discovery, but also justly criticizes the careless technic of Mr. Average Dentist and encourages us to perform service in a better manner.

I do not wish to enter controversy concerning the value of this agent, but would like to state checked results on 65 cases to date. These are based on the patients' statements and the part of psychological reaction or untoward results are obviously omitted.

Cases	65	Average in small town practice. All type cavity preparations.
Successful	23	Absence of pain, 9 were never bothered by drill before.
Semi-success.....	21	Absence of pain after 2 or more applications.
Failure	14	As painful before as after application.
Doubtful	6	Unusually large probable exposure treated.
Exposure	1	Extracted. Pulp vital after application.

Observations: Due to the volatile properties of the solution it is best to use only freshly made small quantities or potency is weakened and lost. (Precipitation of white crystals.)

Moisture must not be present, whether by use of dam or cotton rolls and ejector.

Care must be used to avoid unnecessary exposure of pulp or of burning tissues.

Let us remember that many preparations have been offered us under high-pressure salesmanship at a cost to us of many times that of this solution and as gullible dentists we have fallen.

Should we desire to use this agent, in all fairness, please do a good job and give it a fair chance.

One minute and a half, just ninety seconds (by the clock) should be used for each application, and reading this has taken that much time. Remember, Pinehurst, May 11-13; I thank you.

W. S. GRIFFIN, *Editor,*
Fifth District.

So far my duties as secretary and treasurer of the Fifth District Dental Society have been a pleasure, with the exception of having to write articles for the Bulletin. But, if the readers can stand it, I suppose that it should not worry me too much. Dr. W. S. Griffin wrote me the other day asking if I knew any personal items about any of the men in this district, and if I did he would appreciate my sending them to him, as he had been requested to send in same for publication. I replied by saying that if I knew any, I would certainly keep it to myself, as I had been requested to do the same.

I am suggesting that all of the members who attend the meeting of our State Society, in May, shall at once call upon Dr. Paul Fitzgerald for some of his father-in-law's medicine. He will be delighted to give each man at least one dose.

ATTEND YOUR STATE MEETING AT PINEHURST

This district has had the misfortune to have one of its most loyal members to move his residence from Hertford to Greensboro. I am speaking of Dr. L. H. Butler, who was elected vice-president of this district at the meeting in Washington in October. We trust that the district which he has moved to will appreciate him as much as we have. His moving has created the vacancy of the vice-presidency. Dr. Massey, our president, has appointed Dr. Fred Hunt, of Rocky Mount, to fill the unexpired term of the vice-president.

On or about February 1, I endeavored to get out letters to all of the members who had not paid their dues. The first sentence of those letters should have read as follows: "The records of the Fifth District Dental Society show that you have not paid your dues for the current year." My secretary, in writing the letters, failed to put the word "not" in several of them, which I failed to see. Dr. Jake Thomas, of Tarboro, sent me a check with the letter enclosed, which read as follows: "The records of the Fifth District Dental Society show that you have paid your dues for the current year." He placed a large "NOT" at the top with the check attached to it. So, even though a mistake was made, it did collect the dues; and, in fact, to date there are only thirteen unpaid dues.

I attended the meeting of Group No. 2, in Rocky Mount, several weeks ago, when the weather was bad as could be, and I believe there were seventeen present, which I thought was very commendable for the men who attended. Dr. Fred Hunt commented on Dr. Hartman's preparation and from what I was able to gather from him and the other men who replied to his comment was that the preparation was not as good as Dr. Hartman claims. There are two more group meetings to be held before the State meeting. Shortly before that time I shall try to get out letters to each member of the District Society urging them to attend the State meeting on the 11th, 12th, and 13th of May. Please keep those days set aside for that meeting.

A. T. JENNETTE, *Secretary-Treasurer,*
Fifth District.

NINTH INTERNATIONAL DENTAL CONGRESS,
VIENNA, AUSTRIA,
AUGUST 2 TO 8, 1936.

AMERICAN DELEGATION SAILS FROM NEW YORK
S. S. BERENGARIA, JULY 23 S. S. EUROPA, JULY 24
AMERICAN EXPRESS COMPANY, TRAVEL DEPARTMENT,
Official Transportation Managers,
91 LUCKIE ST., N.W. : ATLANTA, GA.

THE ALUMNI ASSOCIATION OF ATLANTA-SOUTHERN
DENTAL COLLEGE WILL HOLD ITS ANNUAL MEETING ON
JUNE 2-3 AT THE COLLEGE BUILDING IN ATLANTA. ALL
ALUMNI ARE INVITED TO ATTEND.

ATTEND YOUR STATE MEETING AT PINEHURST

EXHIBITORS, PINEHURST MEETING, 1936

BAKER & COMPANY, Murray and Austin Sts., Newark, N. J.	Space No. 22
BiSoDOL COMPANY, 130 Bristol St., New Haven, Conn.....	Space No. 23
CAROLINA PHARMACEUTICAL COMPANY, Clinton, South Carolina	Space No. 25
FLEMING DENTAL LABORATORY, Professional Bldg., Raleigh, N. C.....	Space No. 15
C. B. FLEET COMPANY, 921 Commerce St., Lynchburg, Va.	Space No. 12
HARRIS DENTAL COMPANY, Medical Arts Bldg., Norfolk, Va.	Space No. 11
KOLYNOS COMPANY, New Haven, Connecticut.....	Space No. 24
LEA & FEBIGER, 600 S. Washington Square, Philadelphia, Pa....	Space No. 14
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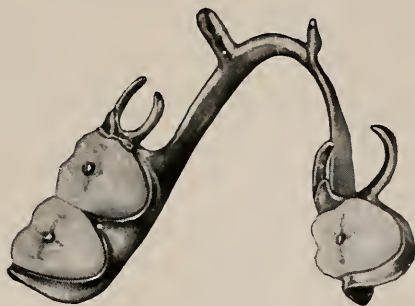
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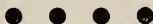
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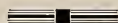
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